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A PLEA FOR GONORRHOEICS.*

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Some time ago I had the pleasure of reading a paper before this body on the subject of Endoscopy and Cystoscopy. Since that time I have had the opportunity of observing a large number of cases of specific urethretis, and have been deeply impressed with the necessity for a more thorough treatment than is usually given, and a more definite recognition of the gravity of this disease and its far-reaching pathological possibilities.

I desire first to call attention to the following law enacted by the legislature of the State of Michigan in 1899: "Any person who has been afflicted with syphilis or gonorrhoea, and has not been cured of the same, who shall marry shall be deemed guilty of a felony, and upon conviction thereof in any court of competent jurisdiction shall be punished by a fine of not less than five hundred dollars or more than one thousand dollars, or by imprisonment in the State's prison at Jackson not more than five years, or by both such fine and imprisonment in the discretion of the court." Evidently it was through the labor of the medical profession in that State that such a law was passed, and it shows conclusively that they have become thoroughly awakened as to the seriousness of venereal diseases. While commending our Michigan colleagues for their humanitarian spirit, and their unselfishness in allowing the glory to be credited perhaps to the legislator who framed the bill, I desire to enter a plea for the gonorrhoeic himself—the man, who having had the disease, and having

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been treated and dismissed as cured, runs the risk by a hasty or unscientific diagnosis on the part of his physician of carrying the odium of a felony.

In making a plea for the gonorrhoeic, I desire to present four propositions for your consideration:

1. Gonorrhoea is not generally treated upon rational or scientific principles.

2. There is a too great tendency on the part of both the laity and the profession to overlook the seriousness of the disease.

3. Gonorrhoea, through the medium of its sequellae, is responsible for a large and growing percentage of our cities' mortality reports.

4. Gonorrhoeal patients are as a rule dismissed too early, are oft-times only apparently cured, and have the coccus latent in the urethra capable of reproducing the disease in acute form many years afterwards—perhaps appearing after the patient has married, and thus infecting an innocent wife.

I cannot within the scope of this paper, enter into the details of each of these propositions, and therefore will briefly call attention to the first three, and lay especial emphasis upon the last.

The first proposition is that "Gonorrhoea is not generally treated upon rational or scientific principles." We are all prone to get in a rut, and oft-times to stay there with disastrous persistency. Many practitioners have a favorite astringent or demulcent prescription which they use in almost every case of gonorrhea, and let the patient inject it with the ordinary piston syringe. Or if he is an advocate of the irrigation method of treatment, he will apply that to every case regardless of structural changes or complications. If the case perchance be a chronic one, the surgeon may have a penchant for sounds, and rely upon these exclusively to effect a cure. Every case of specific urethritis is a study per se, and very rarely it is that any one method of treatment will effect a cure. While I shall speak of treatment later on, I desire to say just here that personally I am satisfied that the use of the piston syringe in acute cases should be condemned, esespecially when it is used by the patient himself—as is nearly always the case. The natural tendency of all gonorrhoeas is to become posterior, and I know of no way in which they can become so as quickly as when the purulent secretion in the anterior urethra is forced back by the fluid injected with one of these syringes. Another thing that I wish to condemn most strenuously is the practice of wearing absorbent cotton over the meatus in acute cases of urethritis. Even so high an authority as Valentine recommends placing a pledget of cot-

ton saturated with a 1 to 6000 bichloride solution over the glans after each urination. I am at a loss to understand this advice, for it will surely dam up the urethra and allow the discharge to flow back into the posterior tract.

My second consideration is that "There is a too great tendency on the part of both the laity and the profession to overlook the seriousness of the disease."

To the lay mind (that is to the mind of the other fellow) a case of gonorrhoea is nearly always regarded as a great joke—an occasion when the unfortunate victim is compelled to open a cold bottle to celebrate the event. It is no uncommon thing to hear some men say that "they would just as soon have a case of clap as a bad cold." These are the fellows that carry in their vest pocket or memorandum book, a prescription that will "knock it out" in three days. They are also the same fellows that are peculiarly unlucky, for "every time they have sexual intercourse, they happen to catch a case." If asked how long they were getting well with their first case, they will say: "Well, that was the hardest one I ever had, for it stayed with me six or eight weeks that time, but I ran across this little prescription since, and now get well in three days." Little does he dream that ever since his first attack, Neisser's pets have been holding high carnival in every crypt and cranny of his urethra, and have the "Standing room only" sign out.

Even we of the medical profession often enter into this spirit of levity with our gonorrhoeal patients, and fail to impress them with the real gravity of their affliction. We see the simple, uncomplicated case, and do not look into what might be—into the far-reaching tendencies of this apparently benign disease. It is now a well established fact that the gonococcus can be transmitted through the medium of the blood to any part of the human economy, and there set up its characteristic inflammation. It has been recently shown that a goodly number of cases of ulcerative endocarditis are from a systemic gonorrhoeal infection. Weichselbaum reports a case in which an autopsy showed ulcerative endocarditis and where gonococci and also streptococci were found. Ely mentions a similar case. I have also seen a report of a case of gonorrhoeal arthritis where the cocci were found, a pure culture made from them, and a human subject was infected with a second culture. To demonstrate that the blood itself and not the lymphatics carried the infection, Shayer and Bloom report a number of cases where blood cultures taken during life show colonies of the gonococcus Neisser. Cushing of Johns Hopkins Hospital, in a paper (May, 1899) entitled "Acute Diffuse Gonococcus Peritonitis," shows conclusively that serous as well as mucous membranes can be affected by this germ. Even the

fourth ventricle of the brain has been found to be a dwelling place for this ubiquitous bacterium.

Now gentlemen, when we pause and reflect upon these things, when we have it shown so conclusively that this benign local infection can be transmitted to any part of the system, and there set up such serious lesions as to cause death, do I exaggerate when I state in the beginning that even the medical profession on the whole overlooks the seriousness of this disease?

My third consideration is that "Gonorrhoea through the medium of its sequellae is responsible for a large and growing percentage of the mortalities of our cities." I have just called attention to the serious results that may ensue from a general systemic infection, but have not as yet alluded to the various sequellae that follow from a direct infection—from continuity of kindred tissue. While it is my belief that more deaths really occur from systemic infection than direct infection, still there are many of the latter class that are sufficiently serious to cause death. Of course it is not that the germs carried away from the focus of the disease become more virulent, and hence produce more deaths, but that lesions are set up in vital organs, such as the heart and brain.

The most serious sequellae from direct infection are Nephritis, Pyelitis, Cystitis, Prostatitis, Vesiculitis, Orchitis and Epididymitis. In the female a large number of cases of Cervicitis, Endo-metritis and Salpingitis, are merely gonorrhoeal sequellae. I would that I had the time to consider each of these conditions at some length, but the mere mention of them is sufficient to support my argument, as we all know their tendencies when we have to cope with them in acute form. Lydston says, that many a man afflicted with Bright's disease, owes it to a gonorrhoea contracted in earlier life, and which has never been cured. If we take the above array of diseases, and then remember that Endocarditis, Peritonitis, Cerebral, Hepatic and Nephritic lesions may result from gonorrhoea, it becomes a self-evident fact that specific urethritis is responsible for quite a large mortality. Lydston says in his recent work upon Genito-Urinary diseases, that he considers gonorrhoea the most serious of all venereal diseases, and that through the medium of its sequellae it causes more deaths than syphilis. Personally, I am decidedly of the same opinion.

My fourth consideration, and the one which prompted the writing of this paper, is that "Gonorrhoeal patients are as a rule dismissed too early, are oft-times only apparently cured, and have the coccus latent in the urethra, capable of reproducing the disease in acute form many years afterwards, perhaps appearing after the patient is married, and thus infecting an innocent wife." Under this topic I shall report a few cases to better substantiate the proposition:

F. H., Jeweler, age 22. Came to my office to be examined for life insurance. A scrofulitic history was elicited. Specimen of urine passed in my presence showed numerous pus shreds, and muco-purulent filaments, and the applicant was informed that he had gonorrhoea, which he of course strenuously denied. He finally told me that one year previously he did have the disease, but was treated in South Dakota (where he was living at the time), and dismissed as cured. Eight months later he married, moved to Birmingham, and had been living here four months when I saw him. If the Michigan law had made a felon of this man, it would certainly have convicted one innocent of any wrong doing. Strange to say he had never noticed any discharge whatever, and had not the least suspicion that he had any remnant of the old trouble. I gave him an anterior irrigation of potassium permanganate 1 to 1000—sufficiently strong to stimulate a discharge. He returned next day with a fairly copious urethral discharge—muco-purulent in character, and which upon microscopic examination showed numerous gonococci. He was then convinced that he had a gonorrhoea, and placed himself under my treatment. This case was undoubtedly the most obstinate one that I ever handled. Examination with the urethrameter showed a stricture sized 17 French about five inches from the meatus, and another an inch and a half down, sized 22. I did not make an endoscopic examination at the time, for I felt satisfied that I had located the seat of the disease, and that I would have no trouble in effecting a cure. As the meatus was rather small, I did a meatotomy, and commenced the use of steel sounds, followed always by intra-vesical irrigations of potassium permanganate solution 1 to 5000 in strength. The sounds were passed every other day, and the irrigations given every day. I got him up to 30 French, and was unable to go any higher without considerable hemorrhage following.

Granular patches were then suspected, and upon endoscopic examination, two were found on the floor and right lateral aspect of the posterior urethra. These were touched up through the endoscope with silver nitrate twenty grains to the ounce, and the urethra swabbd out every day with a solution of resublimed iodine, eucalyptol, tannate of glycerine and carbolic acid in a boro-glyceride medium. The patches under this treatment began to disappear, as did also the pus shreds in the urine. Sounds were again resumed so as to get his stricture to dissolve, but anything over 32 French still caused some bleeding, and considerable ardor urinae afterwards. About this time I purchased an Oberlander dilator curved for the posterior urethra, and I must say that it is an indispensible adjunct in the proper treatment of this class of cases. The man's normal urethra according to my estimate was

38, and in three or four seances I easily carried him up to this and with no hemorrhage except the first time.

Now that I had attained to the full size of the urethra, and the patches had practically disappeared, I expected to see an early disappearance of the muco-purulent shreds, but in this I was disappointed. Intra-vesical irrigations were resumed, and the dilatations given three times per week, and still I could not get the filaments to disappear. As there was nothing abnormal to be seen in the urethra by most diligent endoscopic examination, it dawned upon me that perhaps the scrofulitic history might have some bearing upon his case, and he was accordingly put on cod liver oil and the three chlorides (Iron, Mercury and Arsenic). He did well upon this, and after continuing the local treatment three weeks longer, I was able to dismiss him. I kept him under observation a month longer, at the end of which time he was all right. He has gone to another city to reside and I received a letter from him a month after he left in which he wrote that he looked for shreds in his urine frequently, but had not found any up to that time. It is needless to say that the "leucorrhoea" (?) which his wife had been troubled with since shortly after her marriage, disappeared when I gave her daily permanganate irrigations for three weeks.

E. M., Car Foreman, aged 27. Anticipating matrimony, this man presented himself at my office for a life insurance examination. General physical examination and famiiy history first-class. When he passed a specimen of urine for my analysis, I noted many pus shreds and tripper-faden in it, and showed them to him, explaining their significance. He said that he did have clap a year or so ago, but was treated by a physician and pronounced well. I urged him to postpone his wedding, and to go to his physician and explain the situation to him, telling him what I had said. He left my office indignant at my diagnosis, was rejected by the company, married two weeks later, and I suppose ere this the gonococcus of Neisser has added one more victim to his appallingly long list of innocent wives. This man ought to reside in Michigan and get the full penalty of the law.

W. H., Groceryman, aged 48. Applicant for life insurance. Numerous tripper faden found in urine, and gonococci present. This man gave a history of having had gonorrhoea fifteen years previously, was supposed to have been cured, and had never noticed anything since that would cause him to think he had any return of the old trouble. He said that he often noticed that the meatus was glued together in the mornings, but he did not attach any significance to this. He put himself under my treatment and was dismissed in seven weeks. I have seen him several times since and he has never had any recurrence of the disease. The remarkable feature of this case is that although it

extended over fifteen years there was comparatively no stricture whatever.

M. M., Saloon keeper, aged 35. Two weeks after his marriage he came into my office with an acute case of gonorrhoea. He told me that he had had clap a dozen times, which of course means that he never had it but once. Three years prior to his marriage was the last attack he noted, and after that he had been as sound as a dollar (to use his words). Fortunately this man was sufficiently intelligent to understand that his acute attack was merely a recurrence of the old one, brought on by excessive intercourse and alcoholic indulgence, and that he had infected his wife instead of his wife infecting him. I treated both of them and dismissed the woman in four weeks and the man in six. This has been eight months ago and he has had no trouble whatever since.

W. S., Street Car Conductor, aged 25. Came to my office to consult me about his wife, who had been troubled with a profuse vaginal discharge, and severe pain upon micturition. I questioned him closely as to whether he had ever had urethritis, and finally got it out of him that he had a case about fourteen months previously, which was several months prior to his marriage. I could not get him to allow me to examine him as he insisted that he was perfectly sound, nor could I obtain a specimen of his urine, as he claimed to have urinated just before coming to my office. However he sent his wife up next day, and I found just what I had suspected—a typic case of gonorrhoea. The woman made a good recovery, but I suppose that she perhaps became re-infected, as the man never presented himself for treatment.

I think that these cases will quite forcibly demonstrate the point that I have taken, and explain perhaps the appropriateness of the title of my paper. My plea for the Gonorrhoeic is that we should never dismiss him until we have exhausted all means of diagnosis to determine his eligibility for dismissal, explain fully to him the gravity of the disease, and the probability of its recurrence if he does not abstain from sexual intercourse and alcoholics for several weeks after all treatment has been discontinued. Of course after his dismissal, if he disobeys our injunctions we have none of the onus to bear, but when a man is turned out as well and made to believe so, and then spreads the disease abroad because he was not well when dismissed, we certainly have all the blame upon our shoulders. This then, gentlemen, becomes a very serious subject when all these facts are taken into consideration, and when I say facts, I use the word in the fullest intensity of its meaning: for they are clinical facts which I have no doubt have been brought to the observation of many of the gentlemen present here tonight. The old saw "an ounce of prevention" was never more apropos than when applied here.

The important question of course is "What is the best means of curing these cases, and how are we to know when they are well?" To sum up my experience, it has been my rule to never dismiss a case—1. Until all discharge has ceased. 2. There must be no goutte militaire, or agglutination of the meatus upon awaking in the morning. 3. There must be absolutely no traces whatever of stricture in any part of the urethra, or any evidences of prostatitis. 4. There should be no tripper faden. Often, however, a few mucous shreds will persist after the urethretis has disappeared, and these may be distinguished from the pus shreds by the fact that they float at once to the top of the tube and exhibit no tendency whatever to sink. If these contain no gonococci, their presence is of no special significance.

To dismiss a case when there was any discharge whatever would of course be gross mal-practice, so we can eliminate that from our discussion. The second consideration is one, however, that is frequently violated. Unless a man has had urethretis before, he will scarcely ever notice the goutte militaire or morning drop. He would be more likely to have his attention attracted to the occluded meatus. This occlusion is nearly always partial, and merely amounts to a sticking together as it were. The goutte militaire will not be noticed unless the patient is directed to look for it, and instructed to milk out the urethra. If the least particle of matter is expelled out by pressure the evidence is quite conclusive that the disease still persists. There is one exception to this, however, and that is in those cases where the patient becomes neurasthenic over his case and persistently milks his urethra to discover some evidence of discharge. This constant manipulation will oft-times set up a slight urethrarhoea, and the patient is at all times able to bring forward to the meatus a drop of secretion. Upon microscopical examination this will show mucous filaments and a few epithelial cells, but no gonococci.

The third consideration was that there must be absolutely no traces whatever of stricture. If there is the slightest stricture, of course irrigation is futile towards effecting a cure. The stricture itself demands separate attention, and then the urethretis can be handled afterwards. Perhaps the most important means of judging whether or not a patient is ready to be dismissed is by noting well the urine from day to day, watching carefully the character of the shreds. If there are any shreds at all, the case should still be watched with suspicion, but as previously mentioned, sometimes there may be a shred or two that will float to the top, and whose presence may not affect the favorable prognosis, as they are composed entirely of mucous, caused by a slight hyper-secretion from the mucous glands, and will in all proba-

bility subside after the treatment is discontinued. When we pronounce a case well, we are assuming quite a responsibility, and hence each one of these prognostic points should be taken into consideration. They should be weighed collectively and individually, the patient should be kept under the surgeon's eye for at least a week, his urine examined macroscopically each day, and strict injunctions laid down as to diet, drink and habits. Just here occurs an important consideration, and one that may cause a correct diagnosis to go wrong. Let us suppose that the man is well, and that he is told so and dismissed. So far he has obeyed the surgeon, and abstained from sexual intercourse. As soon as he is told that he is well he commences his rounds again, his long pent-up sexual appetite must be satiated, and as conviviality goes hand in hand with this, and whereas vinous and malt liquors are conducers of conviviality, ergo, the old, old story. This man may really have been well when discharged, and the prognosis of the surgeon a correct one, so therefore it is a most important consideration that we thoroughly impress the patient with the fact that all his treatment will have been for naught if he does not take the strictest care of himself after he is dismissed.

As to treatment of course that all depends upon what the character of the case is. If it is in the acute stage, it is my custon to commence at once irrigations twice daily of either permanganate of potash, cupric sulphate, protargol, argonin, silver nitrate, or mercurol. I do not hesitate to say that my preference is decidedly for the permanganate of potash. I use it in hot solution, say about 100 degrees, and prefer the tablets (3 and 5 grains) pulverizing them in a glass mortar as needed. At first I give the irrigations twice daily, say at 9 a. m. and 4 p. m., the strength being about 1 to 5000, gradually increased up to 1 to 2000 or 1 to 1500. About the third day I commence the intra-vesical irrigations, using a solution about 1 to 5000 to start with, and going up as high as 1 to 3000, keeping these up until the patient is well. After the first ten days I give the treatment only once a day, but use a double injection, viz: give an intra-vesical irrigation 1 to 3000 and afterwards an anterior irrigation 1 to 1500 or even 1 to 1000. In uncomplicated cases where the patient carries out instructions as to diet, etc., a cure can generally be effected in from 3 to 4 weeks. Some authors report cures in fourteen days, but I have never been able as yet to accomplish this, although I have adhered strictly to the plans used by these men.

As for the so-called specifics, I have certainly given them, or many of them, a fair and impartial trial, and always return to the permanganate of potash.

I have been repeatedly asked the question, "Why is it that if the case

is confined to the anterior urethra, you use the intra-vesical irrigations?" In the first place as 90 per cent. of cases are posterior, and we rarely ever see the case until three or four days have elapsed, the chances are that the posterior urethra may be involved and hence it is absolutely essential that the intra-vesical injections be given. Even, however, if the inflammation is entirely in the anterior urethra, it is the correct thing to use the intra-vesical irrigations, because the nine foot hydraulic pressure baloons up the urethra, and this mechanical distension exerts the same influence that a sound does in stricture, viz: promotes absorption, and besides this the balooning process opens up the crypts and allows the fluid to come into more intimate contact with every part of the membrane. Another theory is that an artificial oedema is produced which makes the urethra an unfavorable medium for the propagation of the cocci.

In a previous paper I called attention to the differential diagnosis between anterior and posterior urethretis. The two-glass test is not always reliable, and where it is necessary for a positive opinion on this point, I use the following: A 1 per cent. solution of methylene blue is injected with sufficient force to carry it up to the cut-off muscle, after which the man urinates in two glasses. The first glass will contain all the washings of the anterior urethra plus some few shreds from the posterior urethra. The second glass is supposed to contain the washings of the posterior urethra. All shreds that are stained by the methyl blue are from the anterior urethra, while all unstained shreds are from the posterior urethra.

In chronic cases irrigations are of little value per se, for the reason that these cases are nearly always associated with more or less stricture. If the stricture is not so large that operative interference is necessary, my plan is to use a combination of dilatation and irrigation. The dilatation may be gradual, as with the use of sounds, or rapid as with the use of some of the various dilators. For the past year I have been using an Oberlander dilator which as heretofore mentioned is curved for the posterior urethra. A rubber cover is fitted over the instrument so as to prevent injury to the urethral mucous membrane upon its withdrawal, and a dial plate indicates the amount of dilatation attained. With the use of this instrument and combined daily irrigation, I have had most gratifying results. I never introduce a sound, dilator or catheter in the urethra without giving an intra-vesical irrigation afterwards. No matter how sterile we may imagine these instruments, severe urethral fever will frequently follow their introduction, but I desire to state that I have never as yet seen a case of urethral fever where an intra-vesical irrigation of permanganate of potash was given immediately afterwards.

Very often we run up against cases that do not yield a particle to either irrigation or to the combined irrigation and dilatation, and of course we must then suspect that we have some complication—perhaps a stricture, or an infiltration of the mucosa or mucous glands, a granular patch at some point in the urethral canal, or else some peri-urethral complication, such as a Vesiculitis, a Prostatitis, a Cowperitis, etc. If a careful digital examination per rectum and otherwise has excluded any peri-urethral trouble, there is absolutely no way to arrive at an intelligent diagnosis except by means of the urethrascope—a direct ocular examination. For this purpose it is my custom to employ the Otis endoscope, which is merely a Klotz tube with an electric attachment to furnish the illumination. I find that it requires considerable experience to make a proper use of this method, as histological structures are quite liable to be mistaken for pathological ones. For example, a lacuna of Morgani is apt to be construed as a granular patch, the deeper color of the posterior urethra for an inflammation, etc., but as is the case with the opthalmoscope and the laryngoscope, a little practice under the guidance of one who has done much of this work, will soon enable a beginner to grasp the various pathological changes that may be found; and the certainty of making a positive diagnosis that cannot possibly be made in any other way will amply repay the observer for all the time, study and expense incurred. The fact is that when one is treating a case of chronic urethretis in any other way than by means of the endoscope, he is fighting his battle in the dark —he is like a mid-wife at the accouchement who knows nothing whatever of the mechanism of labor or the anatomy of the parts, and yet attempts to deliver a child. As an example of what endoscopy will accomplish after other means have failed, permit me to cite a case which recently came under my observation:

T. B. D., aged 25.—Had been affected with gonorrhoea for six months, during the last two of which he had received daily irrigations of potassium permanganate. Although maintaining a strict diet, etc., the inflammatory process still continued, and the discharge appeared and disappeared at intervals. Nocturnal pollutions were quite frequent, and were always followed by an exacerbation of the discharge. As the patient was to be married in two months, he began to grow neuresthenic over his case and succeeded in imparting much of this to a colleague who was treating him. He was brought to me in consultation, and a course of treatment mapped out. This was carried out two weeks without any noticeable improvement, and as the time for his marriage was drawing dangerously near, and the disease was still in evidence, he was turned over to me for treatment. Endoscopic examination had

been made at the time of the consultation, and infiltrations noted, and the use of full sized sounds to break them up advised—the daily irrigations to also be kept up. At the second endoscopic examination a large granular patch was noticed. The infiltrations seen at the first examination were melting away to some extent. As the doctor had previously done a meatotamy full sized sounds were passed under cocaine twice a week, hot intra-vesical irrigations were given twice daily, and the granular spot touched every other day with silver nitrate, 20 grains to the ounce. After the spots were touched, the entire urethra was swabbed out via the endoscope with odorless iodoform in a medium of compound tincture of benzoin and balsam peru.

In three weeks all traces of the disease had disappeared, the patient enjoined very strictly as to his habits, and advised to come to my office every other day for me to examine his urine. At this time a few mucous shreds were observed, there was no morning drop, no morning agglutination of the meatus, and no gonococci. I had him under observation several weeks longer, at the end of which time he was married. I confess that although I felt fully satisfied that he was well, I realized the danger that was incurred by a marriage so early after his dismissal, and tried to persuade him to postpone it another month, explaining to him fully the risk that he was running. I asked him to keep me informed as to the nature of things, and especially to report to me at once if any trouble whatever appeared. I have seen him several times since, and am glad to say that he has never had the slightest symptom of a recurrence so far.

Such good luck, however, may not always crown our efforts, and it is our duty to impress most forcibly upon every gonorrhoeic the great risk he is running in marrying, within six months even though we can positively assure him that he is well at the time. Noeggerath asserted some years ago that 800 men in every 1000 had gonorrhoea. Lawson Tait went him several better and assertel that every man had clap at least one time in his life. The statistics of the German Empire for 1894 show that of all women who died of diseases of the uterus or its appendages, 80 per cent. were proven to be of gonorrhoeal origin. Also that of all children who became hopelessly blind after having been born with healthy eyes, 80 per cent. of them could attribute their affliction to gonorrhoeal opthalmia. It is a hard matter to gainsay these figures, but even if they are too large, still we must be impressed with the fact that this disease is one of the most serious with which we have to cope, for when faithful wives are dying by the hundreds in consequence of it, and scores of innocent babes are consigned to a life of miserable darkness, it is time for us to more comprehensively wage a

scientific warfare against this hydra-headed monster. To sum up my plea for the gonorrhoeic:

1. Let us impress him with the gravity of his disease, and its far-reaching pathologic possibilities.

2. Let us treat him upon more rational and more scientific principles, avoiding the routine, and remembering that, as in other diseases, each case has its own pathological peculiarities, and hence requires individual therapeutical endeavors.

3. Let us employ every diagnostic means at our command to be thoroughly convinced that the patient is well before we dismiss him, remembering that it is these apparently cured cases that do more subsequent damage than all others combined, not only to the patient himself, but to the trusting woman who thereafter becomes his wife.

ADDRESS OF WELCOME.*

By Ira Landrith, D. D.,

NASHVILLE, TENN.

I recognize it as a great honor, as it is certainly also a great pleasure, to welcome to this medical capital of the Southland the representative physicians of the South; and this I do right heartily on behalf of all my fellow citizens because we rightly esteem ourselves honored by your coming. Yet it seems scarcely worth while to welcome to Nashville any company of regular physicians dwelling in our sunny section, for is not this city home to most of you? As you re-entered our gates were you not vividly reminded of those midnight clinics of auld land syne, when the uncanny silence within and the solemn stillness outside was interrupted alone by the fleet footfall of the affrighted colored citizen, who still thinks every rock on the now dismantled old medical college hill is the crouching figure of a spook? But we are glad to have you back to tell you how much better we really loved you than we then seemed to do, and to assure you that your subsequent devotion to your noble profession has helped us to forgive all the follies of your school-boy days.

At first it seemed to me more appropriate that these words of welcome should be uttered by one of the many worthy representatives of your own profession in this city of great physicians. But after all I am not sure about that, for is there not and should there not always be, the closest kinship between him who heals the body and the man whose business it is to lead his fellowmen to the Nazarene physician of souls? Do you not represent in your lives, or if you do not, ought

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you not to represent in your lives, everything for which the church stands that is worthiest, personal integrity and devout faith in God? Surely he who gets the confidences of our homes without seeking them, and enters because he must the holy of holies of our household temples, should be the best of men. I speak as one who has for your calling a respect akin to reverence.

I welcome you to Nashville with all the greater pleasure because, with genuine city pride, we desire you to know our own family doctors, our great specialists, our famous surgeons. We have much faith in them. We regard as most fortunate our city wherein capable physicians keep us alive as long as possible, while our medical colleges are, according to a superstition, not wholly confined to our ante-bellum African citizenship, constantly applying a sovereign remedy for the congestion of our graveyards. Surely we should be happy, when even a first-year medical student is wise enough to raise the dead, and when a medical college porter can be so skilled that he can rob the grave, if not of its terrors, at least of its tenants.

We welcome you because you represent all that is most miraculous in modern progress, for medical science has developed more rapidly in the last century than in all the previous sixty centuries of its history. While it was true that even the ancient Egyptians professed to be exceeding wise in products curative, so that Homer said of them: "Each physician possesses knowledge above all men," the modern American doctor would scarcely resort to his Egyptian professional brother's remedies of raw meat for all kinds of cases, varied only occasionally by a hot mixture of nitre, beer, milk and blood, or a powder composed of the dried fat and skins of buzzards, bats and lizards. Yet Heroditus declares that the Egyptians were healthy—those that were not attended by the physicians. When a patient died the physician was always tried for murder, unless the exact remedies in the canon were used. It is easy to suppose that no sick man treated by the "regular" physician of that day ever lived to be treated in an irregular way. Nowadays, with the advancement of your science, Æsculapius would be in even greater danger of the thunder bolts of Zeus for depopulating Pluto's dwelling place, for the modern physician has learned that his is not the healing art but the art of keeping people well. Incidentally it may be remarked, however, that we do not kill our physicians for not allowing their patients to die—we merely let the diseases which they treat in other people, aided by our own lack of considerateness for the health and comfort of these same physicians take them off.

If further proof were needed to show that modern medicine and surgery are vast improvement over the ancient varieties, let me remind

you that the Babylonians had no physicians at all; instead when one of their number fell ill he was carried to the market place where every passerby was required to ask what ailed him, and to propose a treatment known to have been previously successful. No, the modern believer in noxious herbs and villainous mineral water and possibly poisonous patent potions is not a Babylonian.

It was in ancient Rome, too, and not in modern Nashville that a man, peering at a monument, might have read inscribed thereon: "It was the multitude of the physicians that killed me," and it was in Bible times and not in the twentieth century that it was solemnly charged, "Many spend all their living on physicians. Neither could any be cured." In the middle ages, if a man had a sore right eye he hung about his neck the right eye of a frog; for gout in his right foot he wrapped about that member the right heel of a raven; if he lacked courage he was dressed in a lion's skin, and if he was wanting in loquacity he wore a necklace of duck's tongues, which bit of ancient history leads naturally to the inquiry, Was that the origin of the quack? Be that as it may, there was some virtue even in the medicinal methods of the middle ages, for I have heard one of your own lately fallen leaders, the honored Dr. Thomas A. Atchison, of this city, bravely declare, "About nine out of ten sick people will get well if intelligently let alone," and he was just Allopath enough to add, "and there is a growing school of medicine founded on that idea."

It is interesting to us who are laymen that until the seventeenth century all the blood in us was supposed to be silently stagnant, and not until a few years ago that we became conscious of an appendix, and that we were being constantly attacked by bloodthirsty bacteria. True Kircher, away back in the seventeenth century, thought he had found a germ, but he soon grew discouraged about his discovery, and now germs do not need to be found—they are everlastingly looking for us, thanks to Koch, Pasteur, and a host of others, who have made living alarming. Bst here also modern science has come to our rescue, and armed with antiseptics it bids bacteria begone.

The old country doctors were angels of mercy in their day, equipped as they were with their saddle bags, the only drug stores in twenty miles. Blessed old men, were they all, if they did tearfully keep cold water from us in fever, and forbid fresh air when our lungs were weak, bleeding us the while when we needed blood the most and salivating us when all our strength was required to battle against disease. But they represented still all that was best in the nobility of character of the profession, and incidentally they included in their treatment all that is true in Christian science and faith cure.

Even the least informed of us look upon true medical science as,

like modern chemistry, the child of the last hundred years, while surgery of the sort which saves, and does not slay, is scarcely half a century old. What ancient surgeon ever saw "a beautiful fracture" or a "perfectly lovely wound?" So rapid has been the growth of medical knowledge that I dare say there is not one of you who is proud of all his first diagnoses and wedded still to his earlier methods of treatment. Happily we laymen are uncomplaining subjects of scientific experiment, and we will continue to remain cheerfully at your mercy until the last truth about treatment has been learned, or until we are

> Where physicians cease from dosing,
> And the patients are at rest.

We are proud to welcome you to Nashville because we recognize your presence here as added evidence that the medical profession will never be satisfied with the achievements of yesterday, with the lower old standards, and with the little learning of the long-ago doctor. You remember that it was as late as Jan. 15, 1815, that the British Parliament enacted a law demanding that before he could practice medicine the physician "must know something about his profession." A close acquaintance with the medical students of this city, among whom are the most earnest and cultured of young men, fits me to declare very positively that no longer is the plowman sufficiently equipped to begin the study of medicine by the mere fact that he is tired of associating with his mule; no longer is a college diploma lack of evidence that a man has sense enough to acquire the degree of M. D.

Even popular knowledge of medical science has grown to such proportions that an intelligent patient might possibly discover the ignorance of his physician; and in this fact I rejoice with you, and, that this knowledge may become more widespread still, I implore you to continue to be medical schoolmasters abroad. The people have a right to demand that the capable physician shall abstain from the Hippocratic vow, in so far as that vow required the student of medicine "to tell no one" about the secrets of the art of life preservation. Confessedly there is still a great deal of public ignorance, for do we not yet drink poisoned water and indulge in suicidal exposures and greed, all the while laying the fatal results upon providence and the doctor? Do we not each still know more about the body politic than the body we feed and clothe, more about corporations than corpses?

I have said that surgery is still a youth, a little boisterous yet, and a little too careless with sharp instruments and deadly weapons; but surgery's tomorrow is as bright as the glowing new day of twentieth century intelligence. As good an authority as Velpeau gravely warned

his professional brethren as late as 1839 that "the hope to escape from pain in surgery is a chimera. The knife and pain must forever remain inseparable." It was just seven years later that the fact was discovered that submitting to a surgical operation was not of necessity a cruel ordeal of agony. Even then pious medical men and their patients protested in awe against the blasphemy of anesthesia, "It is against the Bible. Ever since that incident in the Garden of Eden mankind has been a legitimate heir of pain, and he must not be robbed of his inheritance." But wise Dr. James Young Simpson met the argument in kind by reminding his enemies that when the Lord performed his first surgical operation he put Adam to sleep before the rib was extracted. Nowadays the master of the knife not only cuts calmly on without undue pity for his painless patient, but if he cannot see just where to cut and how he supplies his subject's internal anatomy with an electric plant or photographs his ailment with the X-Ray.

Happily the formidable bacteria is still being subjugated by his ancient enemy, the white corpuscle, and by and by we will have become so well acquainted with the germ that we will use him more and abuse him less. Inoculation, also, has served us so well lately in avoiding disease, that there may be the prospect that death itself will finally have to be induced by inoculation, its own previous preventive. Skin-grafting is becoming almost as familiar as tree grafting used to be, and scarcely less strange, while internal surgery has so far advanced as to leave no room, except for doctors to differ. Th removal of the brain has been successfully accomplished and we are all anxiously waiting until such experiments advance far enough to enable the surgeon to supply a brain even to a dude. A wounded heart has been safely sewed up, but, thank God, it was not the heart of the physician, which still is wide open to every appeal for charity and mercy; for it is still true that the gentlest souls are those directing blades and applying bitterest concoctions.

We are glad to welcome you to Nashville, gentlemen, because now as always your profession is the truest philanthropy, and because by your industry and devotion you honor your calling. We welcome you because we believe that he who kills pain and saves life serves God, and because we know that of all men's your charity is the most generous and your giving to God's poor most kind and free. We wish you financial prosperity also, because you deserve it, and not because the true modern physician is like the ancient one described by Chaucer,

> "For Gold in Phisik is a cordial,
> Therefore he loved gold in special,"

LEGISLATION AND ITS LIMITATIONS IN THE PREVENTION OF CRIME AND DISEASE.*

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In the time allotted to this subject, it is impossible to discuss at length the effect of legislation in the prevention of diseases and crime. Therefore, in this paper, only some limitations upon legislation in this regard will be touched upon. From the earliest records of civilized people, no successful crusade has ever been made against crime and disease except by the establishment of positive and prohibitive law. This law was the decree of a despot or the expression of a people through their chosen representatives, according to the nature of the government. In either event this was legislation, for legislation means nothing else than the establishment of law.

It may be said that the influence of law has never been immediately successful, and its power grows from year to year and century to century; and the fact that perfect results are not at once obtained is no argument against the wisdom or necessity of enacting laws. In fact, the study of all law impresses this upon every student, that obedience to law is a growth and evolution rather than a creation. And the reformer, who seeks to suppress either crime or disease, must not expect a complete fruition of his plans in his life time. He is successful to an eminent degree, if he succeeds in embodying into a law that which the best wisdom of his contemporaries agree should be enforced and which contains sufficient life to hold its place upon the statute books for generations to come. If he has done this, he may die with the assurance that the infringements against this law will decrease with the coming years, in proportion to the benefits that the people derive from a partial and imperfect but increasing enforcement.

That law can and does prevent crime and disease is too well established to need discussion and support.

The successful banishment of the scourges of cholera and yellow fever from the United States for so long a period—the confining of such plagues as smallpox to insignificant limits by compulsory vaccination and systems of quarantine—sets at rest the question that it does prevent disease, as well as crime. The improved methods of sanitation in large cities, preventing fevers and diseases of various kinds that come from bad water, bad sewerage and filth in general, is a complete vindication of those who seek to make war against disease by legislation.

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If there is one thing above another that makes the scientist sick at heart, it is to see the partial failure of his plans and hopes, brought about by the people whom he is striving to serve. And yet, when he bears in mind that no great benefactor of humanity ever lived who was not shackled by popular prejudice and the limitations of popular law, he should not be discouraged; for the real Savior of humanity—religiously, morally and physically—must learn that he will probably be crucified upon the cross of popular prejudice before the real merits of his reform are realized by the world.

But it will not do for a reformer to accept this as a fact, and, giving his creed to the world, let it solve its own cause. It is now become his business to follow his delivery with a careful study of the limitations that surround it, with a view to spending some part of his remaining life in actively breaking them down, in order to hasten the day when the full benefits of his teachings may be given to the world.

Then it becomes necessary to consider some of the limitations that hinder and sometimes destroy the effects of benevolent legislation.

The main limitation upon legislation in the prevention of crime is the weakness and wickedness of humanity. No system of law can ever be devised that will completely prevent all those who are criminals at heart from offending against the dearest rights of the people, individually, and as a state. It is true that legislation not only punishes the criminal and holds in awe many who are contemplating crime, but also it educates the community into a better moral status. By setting the seal of the government's disapproval, it quickens many a dull conscience and marks the way to morality and good citizenship for the weak-kneed traveler. Yet, evil is still born into the world, and the jail, the penitentiary and the halter are filling a mission, the end of which no man can prophecy.

The only remedy for this is the development of the moral natures of mankind, and, while legislation contributes its part in this educational work, there is by far the greater part that is to be accomplished otherwise.

Aside from this limitation, the limitations of legislation in the prevention of crime are identical with the limitations upon all legislation, the purpose of which is to prevent disease. To this branch of the subject the remainder of this paper is devoted.

The first limitation upon all such legislation is the weakness of the government. There is no question but in an absolute despotism law is more generally enforced than in any other form of government, and that as the government becomes more and more representative in

form, it becomes more and more difficult to enforce law. As an instance of this in our own government, we see how hard it is to convict a man of prominence for crime committed against the State government, where judges, prosecuting attorneys, sheriffs and clerks are chosen by popular vote, and, on the other hand, how easy it is to convict such a man of crime in the United States court, where all these officers are appointed and where the judges hold office for life.

This being a representative government, we are met with this limitation upon legislation—a limitation from which we will never escape.

But the weakness of our government which concerns us more directly is the division of the United States into States, each within certain limits, absolute sovereignties, and the existence not only of a dual government in every State—the national government and the State government—but also the great number of different States, so closely allied politically, socially and commercially; and each jealously guarding its constitutional rights. Therefore, each is proceeding with independent methods to prevent crime and to eradicate and crush out disease. It is needless to point out the difficulties that this condition presents. No quarantine system has ever been operated that will absolutely prevent the bringing of disease from one State into another.

Each State has ample power by police regulations to deal with diseases of all kinds, both by regulations that deal with local conditions and by quarantine laws. One of the limitations, however, may be said to be the weakness of our national government in being unable to provide for the whole country a system of laws against the spread of disease. Tennessee might prohibit persons suffering from tuberculosis from marriage; Kentucky might not be willing to take such a stand. The diseased person marries. The husband and wife move to Tennessee, and the effects of Tennessee's laws are thus in a measure nullified.

The question presents itself then as to whether the best results will ever be reached in this regard until the States concede to the national government the right to legislate upon this subject for all the States. Whether this would be wise or not I do not pretend to say.

Another limitation upon successful legislation that our present system presents is that each city is granted the power, to a large extent, to make its own laws upon the subject of health. This, however, is an evil that each State by legislative enactment could correct.

A more dangerous limitation than all this is found in the fact that our legislative bodies are rarely composed of men who are abreast of the times from the standpoint of the science of health. It is hard to make the lawmaker understand why "A" should not be allowed to indulge in the privilege of a case of smallpox, if he desired to do so.

But the real limitation of this kind upon legislation is the ignorance that makes the lawmakers enact impracticable laws—laws that do not appeal either to the reason of the people generally or to the wisdom of those who have mastered the situation. No law is effective, however needed, that fails to find response in the minds of reasonable people in general and the minds of special students of the question in particular. The history of all reformers is the history of give and take between the mass of the people and the reformers, and, no matter how great a scientist, no man is a great and useful reformer who fails to recognize this fact. Extreme legislation is legislation that the people will not stand, and no matter how desirable these measures may be, they are hinderances rather than helps to progress. With all respect I say that, as a general thing, physicians are the last men to recognize this fact. They have been so long accustomed to kill or cure in their own scientific style that, even in matters political, they find it hard to consider Patrick O'Donavan of the 27th ward, in the enactment of law. And yet Pat must be reckoned with. The slow fight for the selection of men of knowledge and conservatism to places in legislative bodies is the remedy for this. Until this is done, much of disease will flourish, which might be prevented by wise and timely legislation.

The jury system is a most serious limitation upon legislation for the prevention of disease. I would not be misunderstood. Whatever may be the weakness of the jury system as put into practice, I am by no means unconscious of the magnificent part it has played in the preservation of the liberties and lives of the English speaking people. But, like all institutions, it has its drawbacks, and one of the most serious drawbacks is experienced in regard to the enforcement of laws, which embody the result of progressive thought and advanced wisdom—as the laws for the preservation of health. Under the constitutions in most, if not all, of the States, no man can be punished for any infraction of law, save by the consent of a jury, if the accused sees fit to demand one. This principle is even recognized in regard to offences against municipal law, and, although municipal courts are held by a judge without the intervention of a jury, yet by the right of appeal, the accused may secure a hearing before a jury and let them determine as to his guilt or innocence. If it is a difficult thing to get twelve men to agree upon a verdict in a case of larceny, which all agree is a crime, how much more difficult will it be to get a verdict of guilty in case of violation of a health ordinance. It is a difficult thing to get twelve men to agree that any man, for instance, should be fined for going into the bedroom of his child, sick with scarlet fever, and then going at once to his place of work, perhaps carrying the germs of the disease to others. And yet, until this is done, there is a limitation upon all leg-

islation looking to the prevention of disease and crime. It is almost a dream that we indulge in when we look to see the day in which a jury would punish either party to marriage, because, for sooth, the woman was already marked for the grave with consumption, or even had hanging over her some mental disease, that sooner or later would dethrone her reason, and, yet, the survival of the fittest demands just this. Only when constitutions give to boards of health the power to determine all such questions, or leave such matters to juries composed of experts, will this limitation be removed. Perhaps a new day will break upon us to this extent: that is, that judges will be more generally given power to instruct juries as to their verdicts. The jury system, as you know, is an English institution and stood between a people and a king. But, strange to say that this system became infinitely more powerful in this government than ever in England; and that England is today limiting the effect of the jury system by allowing judges greater power, while we, without a king, are more loath to limit the system in any way. Until this matter is solved, there will always be a marked limitation upon all legislation for the prevention of disease and crime.

The last limitation upon legislation of this class is public sentiment. The influence of public sentiment will not, and should not, ever be lessened. No man can ever hope to make or enforce a law against which is a strong public sentiment. You cannot punish lynchers until the great body of the people demand such punishment. The eight hour laws could never prove beneficial until public sentiment endorsed them. The enforcement of legislation against the employmnt of children of tender years in factories was the result of a new spirit of humanity that became public sentiment. The campaign against the old system of tenement houses is just begun, and landlords are becoming gradually amenable to law supported by public sentiment. Then, to break down this limitation means the development of a broader and better and more generous public sentiment. The first thing to be met and overcome is an exaggerated idea of personal liberty, an idea that in a country grown so populous in so short a time is yet hard to uproot.

The effort must be based upon two great principles: First, it must be based upon the great principle of selfishness. I and mine must be protected, and, in protecting me and mine, I, in common with all people, will surrender some of the prerogatives that I have been taught to believe to be inherent. Second, upon the great doctrine of "Thou shalt love thy neighbor as thyself," a principle generally regarded as quixotic, but which moves men most astonishingly when wisely aroused.

These are some of the limitations upon legislation in prevention of crime and disease. There doubtless are many more, but these may serve

the purpose of this paper. Some of them are natural, pertaining to all people; some of them are artificial, pertaining to one form of government; but all of them, it seems to me, must be met and dealt with in the years to come.

You perform a great service when, as a physician and friend with an honorarium in view, you are called in to fight disease and death that are attacking one patient; but you perform a greater service when, impelled with a broad love of humanity, you come to take counsel as to best methods of meeting disease and death at the threshold, rather than at the bedside. It is a greater service by so much as all broad affection for mankind is greater than affection for any one person.

HEREDITARY AND ACQUIRED CHARACTERISTICS AS SOCIAL QUESTIONS.

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In the elevation or degradation of the human race, we have but two primal factors, that which is transmittal or that which is acquired.

The exact relation of the acquired to the transmitted and the possibility of the acquired to a certain extent being merged into the transmitted are as yet unsettled questions.

It is acknowledged by all that heredity is a potent factor in the building up or tearing down, not only of the animal kingdom, but the vegetable kingdom as well.

It is a vital principle, far-reaching in its possibilities and fully confirms the statement that "the sins of the father are visited to the third and fourth generation."

Heredity manifests itself through the anatomical, physiological, psychological of mankind, and in either may be normal or pathological. (American Text-Book Physiology, Vol. II., p. 494).

That hereditary characteristics are transmitted and within certain limits may elevate or degrade the race, all admit, but as to acquired characteristics becoming hereditary, there is difference of opinion.

The relation or hereditary and acquired characteristics to each other and their influence upon the human race, involves social questions of far-reaching importance and well worthy of study and serious consideration.

As defined, "Heredity includes whatever is transmitted, either as actual or as potential characteristics, by parents to offspring."

The transmission of hereditary characteristics is said to be scientifically demonstrated by Weisman.

3. Such characteristics being transmitted through the germ-plasm (idioplasm of Nageli) and that the nucleus alone of the germ cell is transmitted more strictly that the chromatic substance of the nucleus is the sole actual germinal substance.

In order to carry out the theory that hereditary characteristics only are transmitted, "Weisman denies the theory of pangenesis, i. e., the production of germ-plasm in the body as maintained by Darwin, Spencer and others. Weisman claims that the germ-plasm is not produced from the body tissues, but has its sole origin from the germ-plasm of the parent of the individual. Through the parent from the grandparent and so may be traced backward through families and tribes and races to its origin in simple unicellar organisms." (American Text-Book Phys. P. 499).

It is further stated that His and Weisman hold that the germ-plasm possesses a complicated architecture. That germ-plasm is stable in composition, transmitted from one generation to another, in fact immortal and essentially distinct from Somato-plasm (body plasm) which develops anew in each generation from the germ-plasm, being variable and dies when the subject dies."

Thus in brief we have the theory of hereditary transmission demonstrated to the exclusion of acquired characteristics.

While with our present knowledge it may be difficult to demonstrate scientifically the transmission of acquired characteristics, there is certainly sufficient evidence at least to justify the assumption that such characteristics are in some instances transmitted.

The human race and each genus of the animal or vegetable kingdom is subject to improvement or degradation within certain limits. To accomplish either result some would have us believe, only that which existed in the first primitive being from the first origin of life can be transmitted and not the acquired. That the improvement or deterioration of each genus is wrought by variations in the original primitive stock of heredity.

This would be a fatal blow to evolution because then each species would necessarily require a special act of creation in order that the first germ cell of each genus might contain all the hereditary possibilities of that genus. Otherwise every germ cell would have locked within its narrow confines all the elements necessary to the development of a mouse, elephant, reptile, whale, man or fowl, ad infinitum.

Such a germ cell would require infinite knowledge to prevent wrong development in the different genus or species, else we must admit that the present germ cell of man is entirely different in its make up of pos-

sibilities and architecture from that of the worm, the dog, the fowl, or fish. If they differ, new characters have been acquired and the Weisman theory of the non-transmission of acquired characteristics falls.

Again in the lower order of animal life, we have the bisexual in the higher order, the unisexual development, whence the change or variation except by acquirement?

If the germ cell of man differs from that of the lower order of animals and the germ cell of the unisexual from the bisexual, then it is self-evident that acquired variations at least have been developed and transmitted.

If acquired characteristics are not transmitted then there is no such thing as transmission of hereditary diseases or hereditary predisposition to certain diseases.

It is a well established fact that some families have a predisposition to certain diseases while others have not, which could only exist by acquirement and transmission from one generation to another.

How can such serious results be transmitted to the child begotten in a drunken debauch of parents except by acquirement. (American Text-Book Phys. p. 503).

"It is stated in the Weisman theory that the germ-plasm is not increased nor diminished by passing through successive generations and can be traced back without change to its original origin in unicellular organisms."

From this statement we are expected to believe that the germ-plasm of all the different races of mankind are one and the same, that the germ-plasm of all the lower order of animals from the monkey down to the amoeba are one and the same with that of man. That in the chromatin of the nucleus of the germ cell of the germ plasm of every man, of every animal on the earth, of every living thing in the sea and all the fowls of the air contain locked up within such a tiny cell all the possibilities and the architecture necessary to develop any one or all of these living creatures.

That the same germ cell which exists in you or I is the same as that which existed in Adam or in our colored brother, though his skin is black.

That this same germ cell or germ-plasm exists in the horse we drive, or in the pig, chicken and fish we eat, hence we are cannibals if the Weisman theory be true. As for myself, I prefer to accept the transmission of acquired characteristics as possible and wait for its scientific demonstration or accept tentatively the theory of pangenesis as advocated by Darwin.

It is self-evident at least that we exist today in different surround-

ings and acquirements from that of the savage or primitive man. Our present state of civilization, enlightenment, ideas of social relation, and knowledge of scientific questions, are an evolution at least from a lower order of things.

Such evolution is not, never has been, and never will be within the province or possibilities of any germ save that of man, because none other is endowed with the same powers and possibilities.

Whence these powers and possibilities came has been the subject of metaphysical speculation for ages past and will continue to be for ages to come.

Man, the masterpiece of creation or the climax of evolution, is subject to elevation or degradation by heredity, environment, and acquirement.

As a social being, we must consider all three of these factors in attaining the noblest and best for mankind.

We are of the opinion that acquired characteristics, to a certain extent, under certain conditions are transmissable. In many instances we have the transmission of disease or predisposition to disease. In gout 90 per cent. (Gairdner & Garod-Zeigler Pathology) consumption 38 per cent. (J. A. Robinson-Jour. A. M. A. p. 505) insanity 25 to 85 per cent. (Zeigler Pathology p. 94) obesity, epilepsy and insanity are considered hereditary as well as various psycopathic and neuropatic conditions. Butler names over 40 diseases and conditions hereditary (p. 14 Diag. Inter. Med.)

The development of dwarfs and giants, as well as various abnormalities of muscular and oseous systems, are frequently due to transmitted tendencies.

The laws governing inheritance are for the most part unknown, says Darwin, Origin Species, p. 15.

"If strange and rare deviations of structure are really inherited, less strange and commoner deviations may be freely admitted to be inherited. Unless favorable variations be inherited by some, at least, of the offspring, nothing can be affected by natural selection." (Darwin, Origin Spe., Vol. II, p. 246.) "Man can and does select the variations given him by nature, and thus accumulates them in any desired manner. He thus adapts animals and plants for his own benefit and pleasure." (Darwin, p. 277.)

"Talbot has noted congenital absence of the foreskin in 3 1-2 per cent of the Jews."

"There is no doubt whatever that the criminal parent tends to produce a criminal child," says Havelock Ellis, The Criminal, p. 99.

When we see in various tribes and families of mankind originating

in one common stock such diverse family or tribal characteristics, that did not manifest itself in the original, we are forced to believe they have been acquired.

When we see in the animal kingdom such different characteristics as are manifested in the pacer, trotter, running, light harness and draught horse; in the pug, water spaniel, greyhound, shepherd, setter and bull dog; such distinct characteristics in the various species of pigeons with the endless variety of new productions in the vegetable kingdom, considering the extent to which each may be developed or degraded, and the various diseases that may be ingrafted and predispositions to such be transmitted, we are forced to believe to some extent at least in the transmission of acquired characteristics. Not all acquired characteristics are transmitted, neither are all hereditary characteristics transmitted in any one given case or species.

As a working basis, we suggest the following as plausible, practical and consistent. Acquired individual permanent characteristics, produced through natural or perverted functions of the body become hereditary in character. The earlier in life such characteristics are acquired, the greater the tendency to transmission, and when carried through successive generations, tend to become permanent hereditary characteristics.

Accepting the above proposition, we can readily understand how it is possible to permanently elevate or degrade any genus or species of animal or vegetable kingdom by systematic, scientific methods. Unless acquired characteristics are transmitted to some extent, we have not the same incentive to work for the improvement of the race.

As an illustration of our point, let us state a hypothetical case:

Take two boys born of healthy, normal parents, without disease or taint, morally or physically, and raise one with high moral surroundings, the best of physical development, influenced by all that is good and noble, through only three successive generations, and compare his offspring with the other boy, who from his youth has been placed under bad moral surroundings, taught by precept and example, in the use of alcoholic beverages to excess through only three successive generations, and note the contrast. One will be a noble specimen of true manhood, the other a drunken sot, else a mental or physical degenerate, diseased and degraded. Is it reasonable to suppose all this change comes from heredity alone, and none from acquirement?

We cannot help but believe observation and experience confirm the theory of transmission of acquired characteristics, whether they be good or bad.

We also believe the acquired characteristics tend to become hereditary in an increasing ratio, that is the acquired of one generation will

to some extent become the hereditary of the second generation, while the acquired of the second will to some extent add to the hereditary of the third, thus tending to develop the good or bad in an increasing power.

Thus a nation builds up or goes down with increased momentum according as these principles are utilized by its subjects. The question that concerns us most, what are we as a nation or profession doing to utilize these powerful factors for the uplifting and upbuilding of humanity?

What is our destiny as a people and as a nation? Can any one tell?

It depends upon what use we make of the means at our command to regenerate, purify and uplift ourselves.

A blind man can read our destiny if we allow the vices and evils of this day to go on unchecked and uncontrolled.

Do I hear some one say the world is growing better every day? If so, let those speak who have made a study of this question.

"The level of criminality is rising, and has been rising during the whole of the present century, throughout the civilized world." (Ellis, The Criminal, p. 259.) In France, in Germany, in Italy, in Belgium, in Spain, in the United States, the tide of criminality is becoming higher steadily and rapidly. In France it has risen several hundred per cent, in Spain the number of persons sent to perpetual imprisonment nearly doubled between 1870 and 1883, in the United States the criminal population has increased since the war relatively to the population one-third."

Says Brower: "We are surprised at the rapid increase of crime, rapid much beyond the increase of population. In 1850 the ratio of prisoners to the population was 1 in 3,442; in 1890 was 1 in 757. In 1890 the number of criminals in the United States was about one quarter of a million.

In Pennsylvania from 1880 to 1890 population increased 22.5 per cent, criminals 34.7 per cent. New York City in ten years population increased 33 1-3 per cent, crime more than 50 per cent. In Chicago the number of arrests in 1884 was 39,434; in 1893 was 96,976." (A. M. A. Jour. June, 1899.

When we consider the way in which the average American lives, his development, the amount of alcoholics, opiates, cocaine, and coal tar, derivaties used, the habit of indiscriminate dosing with patent medicines, the free license given criminals, degenerate, and the disasked to marry and propogate, with the free license of the press to publish the details of assassins, crime and immoral stories, and even the hot bed of anarchy allowed to exist in our midst, then it is we fear and tremble for the future of our beloved land of liberty.

It is high time we were looking to the prevention of crime, rather than punishing the criminal, the prevention of vice rather than its control.

The criminal, the inebriate, the degenerate, is often but the result of license.

A license to marry and propagate, a licensed saloon, and vice allowed to develop, and we have the results.

It is said—Lacassagnes', that "The criminal is a microbe which only flourishes in suitable soil." (Ellis, Criminal, p. 309.)

Also "Societies have the criminals that they deserve." (Ellis, p. 312.)

MacDonald says, "The saloon is the one true home of the criminal. Of 10,000 murders committed in France, 2,347 occurred in saloons. Out of 49,423 arrests in New York, 30,507 were drunkards. (Criminology, p. 89.)

Brower states: "Fully 50 per cent. of the criminals arrested in Chicago are inebriates. That alcohol is the direct or indirect cause of probably 75 per cent of all the crime committed."

We quote the following from Ellis. (The Criminal, p. 97.)

"Alcoholism in either of the parents is one of the most fruitful causes of crime in the child. . . . There is today no doubt whatever that chronic alcoholism as well as temporary intoxication at the time of conception modifies profoundly the brain and nervous system of both parent and offspring.

"Some of the most characteristic cases of instinctive criminality are solely or chiefly due to alcoholism in one or both parents."

"When insanity or alcoholism are combined in the parents, a rich and awful legacy of degeneration is left to the offspring."

Morel quotes a case—Father alcoholic, mother insane—of five children, 1 committed suicide, 2 became convicts, 1 daughter was mad and another semi-imbecile.

Careful statistics of 4,000 criminals who passed through Elmira, N. Y., show drunkenness clearly existing in the parents in 38.7 per cent, and probably 11.1 per cent more.

Rossi—"found out of 71 criminals whose ancestry he was able to trace, in 20 the father was a drunkard, in 11 the mother."

Morro—"found that on an average 41 per cent of the criminals he examined had a drunken parent as against 16 per cent for normal persons." Havelock Ellis also states, p. 98:

"It is not necessary that the alcoholism should be carried so far as to produce obvious injury to the parent. The action of the poison may be slow, and carried on from generation to generation." (Ellis—The Criminal, p. 98.)

Dr. Dom. Bezzola, specialist in nervous diseases and resident physician in a training institute for imbecile children states in an address at Vienna: "Judging from the results of the medical investigation thus far, the fact that alcohol injures the human germ of procreation seems well established. I also place myself unconditionally upon the standpoint of my colleagues and believe that the injuries alcohol produces extend beyond the individuality of the drinker to his offspring." His conclusions are based upon the study of a vast number of imbecile children.

Pierce Bailey, M. D., is quoted (Jour. Inebriety, July, 1901,) as saying, "Alcohol is the most important factor in acquired degeneration. Drunkenness of a parent at the time of conception has long been recognized as a fertile cause of imbecility."

"Young man," said Diogenes to a dull boy, "Thy father must have been very drunk when thy mother conceived thee."

M. S. Davis, M. D., states that alcoholics d minish the vitality of parents and promotes both the physical and mental degeneration of their children.

Time forbids further enumeration of evidence. Another factor that should not be forgotten in the study of these social questions is the age of the parents when children are born.

"Korosi, Director of the Hungarian Statistical Bureau, investigated 24,000 cases, and found the children of fathers below 20 are of feeble constitution, that fathers between 25 to 40 produced the strongest children, and that above 40 fathers tend to beget weak children."

The most healthy children have mothers below 35, between 35 and 40 are 8 per cent weaker, over 40 are 10 per cent weaker.

Dr. Morro has made interesting contributions to the differentiation of various criminal types, and he has brought out very clearly the disastrous tendency to degeneration among the children of parents who have passed the middle age. (Ellis, p. 41.)

So far as heredity contributes to crime, Mr. Boies would meet it by strict marriage laws. He is quoted in Cyclopedia of Social Reform, p. 429, as saying: "The law should strictly prohibit the marriage of females under 20 and males under 25; of males over 45 with females under 40, who have not passed the period of child bearing, for outside of these limitations of age, it is generally understood healthy children are exceedingly improbable if not impossible; of vagrants, tramps and paupers, of the insane, idiotic, epileptic, paralytic, syphilitic, intemperate, cancerous, and tuberculous; and of the congenitally blind, deaf, defective or deformed."

The more I study this subject the more I am convinced it is our duty to prevent through proper legislation and education the propagation

and development of the criminal, the insane, the inebriate and diseased; such a course is far more reasonable and consistent than to maintain, support and control these unfortunates, brought into existence by the sanction and license of state.

In conclusion, in the name of justice, I ask what moral right has a state to license or sanction the propagation and development of the criminal, the insane, the epileptic, the inebriate, or the consumptive?

It cannot be in the name of true liberty, for such offspring are forced into a bondage without their consent, worse than slavery itself.

Genuine true manhood would abhor such liberty. Genuine true womanhood would blush and hide her face in shame at such mockery in the name of liberty. Such is license, license to do evil and violate the Golden Rule of liberty and freedom.

Oh, Liberty, what sins are committed in thy name!

REPORT OF SOCIOLOGICAL COMMITTEE AS ADOPTED OCT. 9, 1901, AT MEETING IN NASHVILLE, TENN.

To the Tri-State Medical Society of Alabama, Georgia and Tennessee:

We, your committee, beg leave to state that our field of work is so large and the number of subjects that should be considered by this committee are such that it will require time for due consideration and study.

We have endeavored to arrange a series of papers for this meeting on a few important subjects, most of which you have heard read, we trust, with profit.

This, the Tri-State Medical Society, representing three States, we hope will unite the medical profession in an effort to secure uniform education and legislation on social questions. It is very difficult for one State alone to make advances on sociological lines without the co-operation of neighboring States.

For instance, any restrictions on marriage in one State would not prohibit such parties going to a neighboring State, securing license, getting married, then returning to force their weakened, degenerate offspring on the State that refused them marriage license.

Again, in the question of child labor. If one State passes restrictive legislation, the factories in a neighboring State without restriction can secure cheaper labor, thus working an injury to the mills in a State that is trying to protect the rights, liberty and health of its children. Therefore, we strongly urge the necessity of uniformity of action on all social questions in the three States this Society represents.

While we as a community fully recognize that "legislation alone does

not completely reform a people," we do feel that judicious legislation with a popular sentiment sufficient to maintain the dignity and enforcement of law is a powerful factor for good, a great educator of the public and a great protection to mankind. The discussion of such laws by legislative bodies even if not enacted, are great educational factors.

While it may be true "We cannot make saints by law," it is certain we can to some extent, at least, if we so desire, prevent criminals being born by the sanction and license of law, that we can to some extent prevent the propagation of disease and suffering as well as protect the health, happiness and future of the young of our own land by judicious wholesome legislation. In order to secure unity of action and uniformity of legislation, we suggest the following:

1st. That the Tri-State Society recommend the securing as near as possible uniform legislation by the States of Alabama, Georgia and Tennessee on all social questions.

2d. That this Society respectfully request the State legislatures of Alabama, Georgia and Tennessee to select three members from the House of Representatives, and two from the Senate of each State to act as a committee on uniform legislation, whose duty it shall be to secure as far as possible uniform laws on such questions as are of common interest to each State, especially laws relating to marriage, divorce, prevention of crime, regulation of child labor, age of consent, prevention of disease, etc., etc.

3d. Said committee to meet at the Capitol consecutively in each State during session of Legislature to consider the question of uniform laws and hear from organizations and any parties interested in such laws.

We recommend that an effort be made to secure enactment of such laws as will prevent the marriage of habitual criminals, the insane, the chronic alcoholic, those suffering with tuberculosis, and the epileptic.

While we recognize the difficulties that will be encountered in the enforcement of such laws, we feel that some steps should be taken to lessen the propagation of crime and disease, or at least not to give it the sanction and license of the State.

The time has come when the commonwealth should at least not be a party to the development of the criminal and sanction transmission of serious diseased degenerative conditions of the human race.

We as a State permit the propagation and development of the criminal and then punish him for being such.

We permit the propagation and development of the insane and diseased in the name of liberty, forgetting or ignoring the fact that the offspring of such have rights and liberties that should not be ignored. The offspring of the criminal, the insane, the alcoholic and the degen-

erate are born into the world with the marks of crime and degeneration indelibly impressed upon them.

Some are born into a bondage worse even than slavery itself, in this country of freedom where it is said that all men are born equal.

In order that we may enjoy freedom and liberty and be born equal, our parents, grand parents and great grand parents must be free and equal, not bound and fettered by the iron chain of crime, vice and disease.

If men and women by hereditary transmission and voluntary acts of their own become criminals and degenerates, then they have no moral right to propagate crime and disease, and the State has no moral right to license them to do so.

We also recommend that laws be formulated and presented at next meeting of this Society for discussion, on the rendering of habitual criminals, and he who commits rape, sterile by humane surgical methods, also on indeterminant sentences in cases of commitment for crime.

We suggest in all medico-legal questions involving sanity or insanity, the judge presiding in case shall appoint three competent physicians within his jurisdiction, with due compensation, to examine accused, whose verdict shall be final as to mental responsibility of person in question.

In order to secure just and proper legislation on the subject of child labor, we suggest that the cotton manufacturing interests of each State be requested to appoint a delegate or committeeman from each State to work in conjunction with the sociological committees from the Tri-State and State Medical Socities of Alabama, Georgia and Tennessee, in securing proper legislation.

For the protection of young girls from the hands of the seducer, we recommend that this Society memorialize the State Legislatures of Alabama and Georgia, recommending the raising of the age of consent to that of 15 years.

In relation to marriage, we suggest the following as a concise, practical and consistent plan, and recommend the enactment of such laws as will make these requirements effective.

On the back of each license or marriage certificate, the following shall be printed for the signature of the male and female applicants:

CERTIFICATE FOR THE MALE CONTRACTING PARTY.

(Male) I.....living at.....County.....State .....age.....

(Female) I.....living at.....County.....State..... age.....being duly sworn, certify that to the best of my know-

ledge I am not suffering with and never had any of the following diseases: Insanity, epilepsy, consumption or chronic alcoholism.

Certified by Clerk of Court. (Signed)

If the applicant has had any of the above diseases, he or she shall then be examined by a reputable and licensed physician, who shall make affidavit that the said applicant is free from any of the above diseases.

PHYSICIAN'S AFFIDAVIT.

I.....a physician of .....yrs. practice, being duly sworn, certify that.....male applicant.....female applicant for this license to marry, has been thoroughly examined by me, and to the best of my knowledge, I find said applicant at this time free from any of the above named diseases.

Certified by Clerk of Court. Sig.....M. D.

Note 1. A false affidavit in either of above shall be deemed perjury and punishable as such.

Note 2. If applicant in either case so desires, the medical affidavit may be made by the President of the Board of Health free of charge.

Dr. R. R. Kime, Chairman, Ga.
Dr. J. C. LeGrande, Ala.
Dr. W. G. Bogart, Tenn.
Dr. T. O. Powell, Ga.
Tri-State Society Sociological Com.
Dr. R. R. Kime, Atlanta, Chm.
Dr. E. C. Rute, Macon.
Dr. A. A. Smith, Hawkinsville.
Georgia State Sociological Com.

OZONE IN TUBERCULOSIS.

By J. D. Gibson, M. D.,

BIRMINGHAM, ALA.

The chief subject of this paper, "Ozone," is probably the most ancient remedy known for the cure of disease. It is little understood and its value greatly underestimated at the present day.

This great scavenger of nature, and purifier of all decompositions, as well as nature's great agent for keeping the air we breathe and the water we drink, pure and wholesome, was named "Ozone" by Schoenbein in 1839.

We know Ozone is an alatropic form of Oxygen, and I suppose we would not miss it much if we say it is a very active, energetic form of Oxygen, more stable than ordinary Oxygen, as it assumes a gaseous form and can be compressed into a liquid state, thus being transport-

able and available for local or general applications, while (o)2 is so unstable its use is very limited in medicine.

Olding (1) in 1861 suggested that Ozone was a compound of Oxygen with Oxygen, the combination resulting in a contraction.

In 1863 Soret was the first to prove Ozone was Oxygen reduced to two-thirds its volume, and according to this the Ozone molecule consists of three atoms of Oxygen, as (o)3, while ordinary Oxygen (o)2 contains only two atoms.

Bauma styles the combinations of Oxygen as follows:

(o)2 Ordinary Oxygen.

(o)3 Ozone.

(o) Active Oxygen, the latter being the most active oxidizing agent known.

Many early investigators became very enthusiastic over the wonderful powers of this agent, but it failed to get a hold on the profession at large, probably on account of the great difficulty in procuring it in large enough quantity when needed.

It has always been an agent that has attracted the attention of investigators, and we see even in the very early days of medicine, physicians sending their patients to the seashore and mountains to get the supposed benefits of fresh air or where it contained more ozone. Ozone is produced in many ways. We find it in the forest, mountain tops and on the seashore, while there are some few regions whose peculiar climatic conditions are such as to cause the air to be especially rich in ozone.

Lightning during thunder storms causes the air to become charged with its refreshing presence, and really in this way man first detected the presence of this substance by its sulphurous odor.

Thre are many ways of producing ozone artificially, many machines have been made for that purpose, but the one I have used is one for collecting it for office use from the staattic machine.

It is simply a large glass jar with an electrode or conductor passing in at either side and terminating in a ball; these are connected with prime conductors of staattic machine and the spark takes place inside the jar.

The ozone is produced by the sparks decomposing the air in the jar, the quantity is regulated by the length of spark and the movement of air in the jar. There are two openings in jar, one for entrance of air and the other for egress of air or ozone.

I have used it without any forcing of air through jar and with compressed air forced through jar, and also with compressed air medicated or a nebular of creosote, eucalyptol in alboline forced through the jar.

I like the nebular best; it seems to have the most beneficial action, and the tightness and asthmatic symptoms are not so quickly produced.

When the machine is in rapid action the taste and smell of ozone is soon noticed and quickly becomes too strong for inhalation without special care in regulating its strength, producing asthmatic symptoms, wheezing and very uncomfortable symptoms.

When used properly it has a cleansing effect on the lungs, causing considerable cough and expectoration, which passes off in a few minutes and leaves the patient feeling much better, and I find sleep and the appetite are very much improved. Ordinarily there is a decided increase of Oxyhaemoglobin in the blood, with increase of leucocytes and a rapid increase of weight in patient.

In the use of ozone by inhalation, we all think of tuberculosis pulmonalis at once, and what will be its final results in the treatment of the "Great White Plague," is the question.

While ozone cannot be heralded abroad as a panacea for every case of tuberculosis, in any stage of the disease, yet I think my cases, reported farther on in this paper, will prove that in it we have a very valuable therapeutic measure, and in connection with other approved measures will aid us to save the lives of many cases otherwise hopeless.

REPORT OF CASE NUMBER ONE.

H. D. (colored) about 32 years of age, normal weight 210 lbs; naturally stout and athletic.

	Temp.	Pulse.
June 17, 1901.	103	115.
July 17, 1901, 8 a. m.	98 3-5	75.
July 27, 1901, 8 a. m.	97 4-5	67.
Aug. 1, 1901, 6:40 p. m.	98	70.
Aug. 9, 1901, 6:30 p. m.	98 3-5	70.

Remarks: Had been confined to bed for 6 weeks and under treatment 5 months. Much Haemoptysis and night sweats, consolidation of right apex and many rales over upper portion of right lung and infra scapulae posteriorly, etc.

He returned to his occupation, laborer in machine shop, on August 5th, having normal temperature morning and evening, and has continued at his work daily seemingly without return of symptoms. His weight was July 1st, 180; August 1st was 196; a gain of 16 pounds for the month of July.

CASE NUMBER TWO.

S. S.	Hour.	Temp.	Pulse.
July 25, 1901,	8:30 a. m.	101	120.
July 26, 1901,	9 a. m	101 4-5	
July 27, 1901,		99 4-5	116.
July 28, 1901,	9 a. m.	100 2-5	114.
July 29, 1901,	8:30 a. m.	101 1-5	115.
July 30, 1901,	8:40 a. m.	99 3-5	104.
July 31, 1901,	8:40 a. m.	99 1-5	100.
Aug. 6, 1901,	5 p. m.	102	120.
Aug. 10, 1901,		101 1-5	112.

Remarks—Aug. 5th the patient suffered an acute attack of indigestion and dysentery, which caused the symptoms to become aggravated, and I suppose she became discouraged and gave up treatment, to my very great regret as she was just entering the third stage and I was anxious to give her a thorough test. She lived a long distance from office, which was greatly against her in the weakened condition she was in.

CASE NUMBER THREE.

W. M. (white) 67 years old, having hemorrhages occasionally for two years and constantly under medical treatment. I was called to see him first about July 10th when he had an alarming hemorrhage from lungs in one of the city parks, and commenced treatment.

July 15, 1901,	8 a. m	99 1-2	90.
July 27, 1901,	8 a. m.	98 4-5	74.
July 30, 1901,	8 a. m.	98 2-5	64.
Aug. 1, 1901,	8 a. m.	98 1-5	63.
Aug. 23, 1901,	8 a. m.	98 2 5	62.

Remarks: This man had repetition of hemorrhage; several slight ones from August 5 to 15th, which stopped his improvement in weight temporarily, but since August 15th has had no more hemorrhages and his weight has gone from 138 to 147 and he has improved immensely; while there is some consolidation of the upper right lung, it seems to be less, and the rales are much fewer.

CASE NUMBER FOUR.

B. G., hopelessly ill with tuberculosis.

July 3, 1901,	3 p. m.	104	130.
July 26, 1901,	5 p. m	101	110.
July 30, 1901,	5 p. m.	100	104.
Sept. 5, 1901,	5 p. m	103	110.
Sept. 8, 1901,	5 p. m.	102 1-2	114.
Sept. 12, 1901,	5:30 p. m.	101 4-5	118.

Remarks: This man is one whose condition is hopeless; I really have been treating him only for experimental reasons. I think he would have been dead long ago if it had not been for ozone, and my faith in ozone is strengthened by its effect in his case, though unsuccessful.

While there are other cases could be reported, nothing but repetition would be added. Case number one, I consider a triumph, pure and simple, for ozone, as other physicians had given the cod liver oil and creosote, etc., that I gave him, and he continued to get worse every day, while he began improving immediately on the ozone.

Case number three: the improvemnt in this is equally marked, but there is still induration and rales, but he is progressing towards recovery with great rapidity, and with the ozone has gained in actual weight 9 pounds, when he has constantly been losing flesh for 2 years, taking cod liver oil, etc., all the time.

Mr. President, I believe we have in ozone a very great help in the treatment of tuberculosis.

In the treatment of this disease we can verily appreciate all means and anything that will help us to aid these patients. It must be regulated so patients can bear it, as they are prone to take it too fast and too much, and thus produce an irritation that is absolutely harmful; when managed properly I believe it will be our greatest agent next to diet and rest. I wish to say that in all my cases cod-liver oil and creosote had been used, and an effort made, especially in the advanced cases, to force nourishment to the limit of endurance of patient. This, in office patients, is difficult of performance, but in sanitarium patients is readily managed. Where there was much fever strict rest in bed or hammock was advised. I believe many of our office patients who are so weak and debilitated, if they could be brought into a sanitarium and saved of the worry of going back and forth, would receive much greater benefits.

In conclusion, I would say in the treatment of tuberculosis; of first importance is forced feeding; second importance is rest; third, ozone by inhalation; fourth, creosote by inhalation, and internally in large doses with cod-liver oil.

I believe in a sanitarium where these measures can be carried out and patient intelligently looked after, he will have a much greater chance of getting well than any change of climate can give him.

MATERNAL IMPRESSIONS.

By R. C. Bankston, M. D.,

BIRMINGHAM, ALA.

Editor Journal—I took the liberty to discuss in your August issue, an editorial which appeared in your February issue, on Maternal Impressions. As there is further discussion, and it being a subject of much interest, I again come forward to discuss it. Maternal Impressions, to my definition, does not bear upon physical development of the foetus, in an abnormal way, so far as it concerns the various stages, viz: the fertilized ovum. The embryo, foetus and babe, (any modern physiology will give it in detail), where the same are governed by normal conditions, but, under conditions of great disturbance, grief, anger, fear, etc., normality can be upset, and intercurrent disturbance ensue with arrest of development or perverted development manifesting. Mother intellect psychically is the motive for developing latent forces in the child, when tranquilly pursuing a normal course, and stamps its status of mentality upon the individual. If one has the ability to discuss a topic, how did he obtain the quality, if not through the mother mind, which implanted thought and idea in the foetal brain, while developing body and physical powers to a functioning condition. The question at issue does not concern the circulation of blood so much as the conveyance of impressions, resulting in some direct effect upon development.

Take the positive force of the Psychist, he suggestively impresses a subject, and all independence of volition of such one is lost for the time being, held in abeyance to the will of the Psychist whose suggestions control such subject as completely as any control can be exercised. Then, why not a similar or parallel condition exist between mother and foetus, the violation of which will disturb the harmony of relation and result in abnormality.

Then again mother impression while controlling development, lays the foundation for certain traits which predominate life, subject to the modification of environment and example. I shall not consume your space with any exhaustive discussion so will take up another argumentative proposition, but, first let me say, the article in your October issue is so superficial and fallacious in argument, so chaffy and bombastic in spirit that in the interest of suffering science I am impelled to this reply as a protest.

Let us for a moment glance at inorganic nature, the water, the sun and vapor, and glance, if you please, at organic nature, say trees and plants. The same sun, which warmed the water, and liberated vapor,

exerts subtle power over the nutrition of plants. It converts matter wholly unfit for plant food into a highly nutritive pabulum, by separating its nutritive from non-nutritive properties. When the seed is planted in the earth it is acted on by subtle forces, and springs forth; a plant; bathed by the air warmed and stimulated by the sun, cells are formed and its functions of growth and life become apparent, yet, something exists which our limited powers cannot explain—what is cause? Where does origin begin? Why does perpetuation continue? I will leave these questions to the thoughtful consideration of your readers, and will take up another proposition. When you alter capacity for understanding a fact, evidence alters also, hence we have difference of opinion; conclusion, neces sarily rests, not on imaginary idea, but real powers possessed, and, were not the theologic conception of man's origin implicated, we could accept without question the theory of the derivation of all life, from inorganic nature. The reasoning of pure intellect points that way. Some of my friends would call these suggestions (superstition). I admit the soundness of such propositions is marred by our realism in this life, and our hopes regarding the disposition of those essentials of psychic force, termed soul, in a future, which we term, the life to come. Reason is traversed by emotion, as a modifier, and defiance of fact rises in weaker heads to the extent of terming scientific conclusion—superstition. We are glad to note that such opinion is neutralized by the proverbial grain of salt and is accepted as vagary by the host of thinkers, who know it is unwise to argue with stubborn error. This is an important subject, and I advocate it with all courtesy necessary to bear upon it. One who may be honest in his error has my sympathy. I do hope that more study will convince of the fallacy of any position, not in line with these suggestions, and clear comprehension of mental tarnish, which prevents the seeing of the truths of this subject in their proper light. However, as this discussion is in the interest of science, it were well for these differences to be aired, that they may eventually be determinedly settled, and the point in question cleared to general satisfaction, which can only be accomplished by research and studious discussion, while I think every consideration should influence argument and prevent it, stepping from the region of courtesy into the slum of abuse. Yet substance ought be maintained, presented in full strength, with unmitigated force, that its beauty may unfold, and truth prevail. Of the small minority who hold that maternal impressions are a superstition, a few are minds of high calibre—about most things, though you should riddle their logic, with all sort of objective, yet would they maintain the ethic of their position against all reason, and assert their religion, unimpaired by the demonstration of logical conclusion.

Man—body and soul—comes from his parents, the act of creation, being mediate in the divine conception. Physiologists say that all life comes from an egg, which contains to appearance certain atoms of matter, and to analysis, certain salts and acids. We realize the necessity for the male and female principles to connect, and form a Bioplasmic union, to begin life. If each was life, why was union necessary, if not for impression needed in a beginning? Why is the womb necessary to its continued development. Surely not alone for its heat and nourishment, but quite as likely for maternal impressible energy which is certainly the guiding motive, or accentuating principle in its development. You might place the fertile egg in a hollow stone surrounded by heat, moisture and pabulum, but you would get a negative result, because other forces necessary to perfect viability would be wanting. Contemplate perspectively, a thousand babes developing in mother womb, all being developed, as we are told, in the article of your October issue. You will have one thousand infants, identical in every particular—devoid of individuality, or designating characteristics. Then grant that maternal impressions or psychism exists, and you have therein the explanation for individual traits, predisposing conditions, resemblances and other phenomena, characteristic of the race. If these natural ordinances of development are interfered with, or interrupted through the controlling energy of the mother, there will be an effect on the child, of a kind, and commensurate to the degree of interference with natural order. Let's now consider the volition of the mother in foetal development. Is she conscious of the processes as they progress daily in gestation? It grows in the womb, through some influence, not its own, with only the subconscious aid of the mother, and appears in due time in the arena of life, a living representative of parent conception—a miracle—not superstition—with all the organs and functions of life, and forces necessary to harmonious action, perfected within itself through agencies only partly comprehended, which should not be called superstition, because not understood. Upset maternal equilibrium during formative gestation, what would be the result? Usually nothing apparent, then it may result in miscarriage, or perversion of development in part, with resulting deformity. Why? Because of interference with maternal subconsciousness, through exciting to activity of centers not ordinarily involved, in the usual order of the state. Lets advance another example. Take the babe, contemplate its eye, ear, hand or any part. How wonderful, what genius has formed it. Yet we explain it as it appears to us, a natural process of development, under regular order, interfere with that order, through disturbance of mother force and you unbalance development. Again, during its uterine life the babe pro-

gresses in proportion to mother ability to nourish it, which is a constant relation and must harmonize for the full period of formation. Upset the balance by exciting the mother host and you interfere with normality and disturb relations with the consequence visited on the child. Differences of opinion creep in because of the uncertainty of our various theories. How can we remedy it? What we need is more light, as knowledge, obtainable through study which will lift the element of idealism to greater heights in life and elevate practical materialism and its pedestal of altruistic faith.

These differences will all be reconciled at some time in the future, when intellect shall have more generally thrown off its infantile garments; and clothed in virtuous intelligence shall arise from stupid ignorance to a breadth, strength and elevation, now beyond comprehension, except as mere hint, and vague rumor, based on a foundation, so transparent as to be scarcely perceptible to any, except such as may be endowed with clear vigorous thought, who are of a calibre sufficient to enable them to rise above denominating things they do not understand as superstitions.

Mother's blood nourishes the physical body of the foetal child, and mother's mentality impresses its intellectual corporeum, infusing the elements of faculties, which sub-conscious at birth, soon becames active in its external environment.

Life in man is made up of two great forces, which as factors, enter and predominate. The one, individualism, or care of self. The other, altruism, or regard for others, both instilled as principles by mother host, both capable of development or debasement in life. That ethical purpose can be put into the discharge of either function in nature, goes without question and the foetus in the womb, when it reaches a certain stage of development, is subject to ethical implications, which arise from the maternal fount to impress it, an unanswerable result of a psychical cause indefinite, unmitigated, unexplained and portentious as life itself.

We must leave some things mysterious and wonderful for Teleology to explain, but the subject of maternal impressions need not take refuge in the science of the immeasurable, its existence is so apparent that the great unwashed hordes of humanity recognize and admit it. Call it a cosmic factor, but it is a realism, which no one should question. Lets refer to the embryological development of the fowl, from the egg. Why does the fowl sit on its egg? Because of maternal impression and solicitude, governed by forces, true and invariable and free from superstition, or unrealism.

In perfecting human life, maternal impressions and physico-biological forces combine in function, act and react upon each other for de-

velopment, co-operating to produce a single result. Yet their specific differences are never lost.

Maternal impression acting normally is considered by some to be a part of physical development, and is only recognized a distinct force, when harmony of relation is lost and some phenomena occurs, irregular and extraordinary, through upseting interference with maternal equilibrium, resulting in malformity of the babe, or some lesser disturbance. Then it is admitted that maternal impressions existed in that particular case, because of unusual, deficient, perverted or hyperdevelopment. When really it was because of interference with normal maternal impression. In arguing this question we must admit that like its similar life, we do not apprehend its ultimate nature with any degree of exactness; yet, like life, it exists, is real and subject to laws peculiarly its own and points to views as herein advanced as being the true solution. I would like to see this important topic more generally discussed and will promise my quota from time to time as it progresses.

CLINICAL OBSERVATIONS ON HEDONAL.

By S. Heichelheim, M. D.,

Assistant in the Medical Polyclinic of Professor Riegel of the University of Giessen.

Although the preparation known as hedonal, which was produced by Dreser in 1899, has been the subject of a number of reports, these are not so numerous as to make further communications underisable. I would refer here briefly to our results as our experiments, which were conducted under the most favorable conditions, serve to confirm the practical utility of this remedy, to which attention has been directed by others. In the literature at hand, including contributions by Schuster, Ennen Eulenburg, Goldmann, Nawraski and Arndt, Benedict, Schuller, Neu, Lent, Menz and Raiman, the value of hedonal in sleeplessness not accompanied by pains is fully recognized as well as the complete absence of by-effects.

Hedonal is a methylpropylcarbinolurethan and dissolves in water of a temperature of 37°C., and has a slight aromatic odor and taste. In this clinic it has been administered partly in wafers and partly directly upon the tongue followed by a swallow of water or milk. Complaints regarding its disagreeable taste were never noticed, nor was the rem dy ever vomited.

In accordance with the experience of other observers, we gave the remedy in all conditions of simple insomnia due to hysteria, neurasthenia, overexertion, old age, etc. Our observations relate to 72 experiments, of which 41 were made on different patients. Sleep occurred

on the average after one-half to one hour, and lasted almost constantly until the morning. Short interruptions, which were perhaps due to external factors, were now and then noticed. Generally the patients were not awakened by the examinations of respiration and pulse made during sleep. The number of respirations was always slightly diminished, as is ordinarily observed during sleep, and no material change in the frequency or tension of the pulse occurred.

The quantity of urine was never increased to such an extent as to lead one to conclude that hedonal had a diuretic action, as has been observed by Dreser in experiments on animals. The specific gravity of the urine remained within normal limits.

The dose employed by us varied between seven and thirty grains, and to vigorous patients we always gave the latter amount. This dose rarely proved ineffective, and here 45 grains were given with good result and no after-effects. In weakly persons 15 grains were sufficient. If the preparation was administered for several days the dose was slowly reduced to eight grains if the amount given during the first day had the desired effect.

In the case of a child suffering from chorea which was troubled night and day with spontaneous spasms and could not sleep, 15 grains secured a good rest.

For experimental purposes we also administered hedonal to a few patients with sleeplessness due to pains. Here it proved absolutely ineffective. But after the pains subsided to some extent the patients began to sleep, but woke up on the recurrence of the more severe pains.

Our observations show:

1. That hedonal in the above given doses can be safely administered in sleeplessnes not due to pain. 2. The drug produced no unpleasant sequelae, and 3. It has the advantage over other hypnotics that comparatively high doses may be administered without after-effects.—Deutsche Med. Wochenschrift, No. 49, 1900.

Ethol exerts a decided influence on eczema, and can be used to advantage in several different conditions. In case of moist and inflamed lesions, with great soreness and irritation, it may be given in teaspoonful doses; and the more markedly the eruption is purulent the more decided effect. It may also be used with manifest advantage when the patches are greatly infiltrated and the inflammation is subacute in character.—American Journal of Dermatology and Genito Urinary Diseases.

Selected Articles.

SEVERE NEURASTHENIA DEPENDENT UPON ANEMIA.

By Isaac Mayhugh, M. D.,

INDIANAPOLIS, IND.

The following case history is interesting for two reasons: First, because the unusually severe neurasthenic symptoms, amounting almost to a decided melancholia, seemed to be entirely due to the patient's anemic condition; and second, because of the prompt and progressive improvement, with increase in weight, which commenced almost immediately after the institution of systematic treatment with Hemaboloids, although the various tonics and alteratives continuously administered during the first four months in hospital failed to be of any service.

M. T., age 40, female, white, married, housewife.

Family History—Father was a soldier in the war of rebellion; received some injury about the head, from which he suffered temporary periods of insanity lasting from a few days to a week. At such times he was irrational and sometimes violent; died in the insane asylum at the age of 70. Previous to the war was perfectly well.

Mother died of cancer of the intestine at the age of 65. Previous health good, with the exception of an occasional derangement of digestion.

One brother and one sister living, in good health. One brother and one sister dead.

Personal History—Patient had ordinary diseases of childhood, with complete recovery from each. Never had a serious illness. Menstruation at 16, painless and regular. Married at 33. Three children. No miscarriages. Labor in each childbirth normal.

Present Trouble—Patient complains of palpitation of heart, dizziness and loss of appetite, with periods of depression and worry over trivial household affairs Three months after delivery, she sought medical advice and was admitted to the Union State Hospital, Feb. 11, 1900.

Physical Examination—Height 5 feet 4 inches, weight 79 pounds. Anemic, wasted, dilated pupils and dry, cold skin. Lungs normal. Pulse rapid, soft, compressible. Systolic murmur in second interspace. Hemic murmur in right side of neck over jugular vein. Spleen enlarged. Liver normal. Tongue coated, pale, flabby. Bowels sluggish

and constipated. Patient refused all food, and attendant was compelled to feed by force.

Patient is also troubled with insomnia, bodily enfeeblement, and numerous disagreeable sensations. Reflexes exaggerated. Gait normal. Station unstable. Eyes normal. Urine clear. Specific gravity 1008. Reaction acid. Albumen present in small amount. Sugar, none. Urea, 8-10 per cent.

Blood Examination—Color index low. Hemoglobin, 60 per cent. Red cells, 2,500,000. White cells, 14,000.

Diagnosis—Neurasthenia, due to anemia.

Treatment—Rest in bed. Massage. Electricity. Liquid diet. Patient fed every three hours. Arsenious acid; elixir of iron, quinine and strychnine. No improvement.

Hemaboloids one-half ounce in half glass of milk three times a day, was commenced June 20th.

Date.	Weight.	Hem.	No. of R. B. C.	No. of W. B. C.	Medication.
6-20	80	60 per cent.	2,800,000	12,000	Hem. ℥ ss tid.
7-20	85	65 per cent.	3,000,000	10'000	Hem. ℥ i tid.
8-25	91	70 per cent.	3,200,000	9,500	Hem. ℥ i tid.

Patient continued to gain in weight, strength and general well-being; the nervous symptoms cleared up entirely and on September 30th she was discharged, perfectly well.—Denver Medical Times.

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The Dios Chemical Co., of St. Louis, Mo., who are so favorably known to the profession as manufacturers of Dioviburnia and Neurosine and other products exclusively for the doctors to prescribe, have after years of experimenting produced a New Antiseptic under the name of GERMILETUM, (opposed to germ life) believing the Doctors of Medicine and Dentistry fully realize the necessity of an Antiseptic, Germicide and Disinfectant, without any acid reaction—slightly alkaline.

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Repression of Marriage of Criminal.

We give much space in this number to the papers and the recommendations of the Sociological Committee read before the Tri-State Medical Association of Alabama, Georgia and Tennessee at its recent session in Nashville. We also publish a very excellent paper by Dr. J. E. Dedman, of Birmingham, read before the Jefferson County Medical Society on the subject under consideration.

The Atlanta Journal-Record of Medicine in its November issue, says:

"The question concerned is one of great importance, and the proper solution of it is of high interest to mankind. The problem especially elicits the attention of the medical profession, for in its keeping falls so much of the responsibility of the moral and physical uplifting of the human species. A man's moral nature must be very dead indeed if he fails to appreciate the justice and wisdom of the recommendations of this committee, and it is the earnest wish of every right-thinking man and woman that much good may proceed from the movement. Yet at the threshold, the thought arises, is the plan suggested feasible? Man is swayed more by the sentiments than by reason, by the

heart than by the head, and it is therefore doubtful whether laws and legislative enactments which are unable to suppress the unsentimental crimes of theft, murder, arson and the like can effect much in the regulation of the marriage of the unfit, where love or whatever the mawkish sentiment be termed, is first in evidence and the influencing motive. When legal restrictions are placed upon a certain thing it immediately becomes more attractive and desirable than it ever was before. Among the criminal classes concubinage is much more the rule than marriage, and even when the latter exists, it is merely an incident and the bonds are too frail and loose to offer resistance to separation. Under such conditions laws prohibitive of marriage would be merely empty forms. Cohabitation without marriage is already illegal, but do men and women any the less cease to cohabit? Further, criminality is not limited to the lower classes, for in the higher walks of life exists a more insidious because a more refined type of viciousness, and one that is as surely transmitted to offspring as are the cruder forms of moral delinquency among the submerged. The absconding Sunday school superintendent, the defaulting bank official, the dishonest merchant, are they molested by law in relation to whom they shall marry or whether they shall be allowed to marry? Not a bit of it. If detected they live out or work out their crime, and then if any woman is willing to take them, there is always a license and a preacher to be had for the price. It is a poor law that doesn't work in all directions. The purification of criminality is, as Ingersoll said of politics, an iridescent dream. Another deluge or a repetition of the fate that overtook the cities of the plain are the proper remedies, or castration and ovariotomy as a substitute for fire and flood."

Tri-State Medical Society of Alabama, Georgia and Tennessee.

The annual meeting of this society held in this city, October 8th, 9th and 10th, was most satisfactory, especially in regard to the valuable papers read, and the discussions thereon. There was not as large an attendance as such excellent work more than justified; yet those who were so fortunate as to be present were amply repaid for their time and trouble. We will have the pleasure of presenting some of the papers to our readers in this and subsequent issues, notably those dealing with sociological questions that are of more than passing interest.

The following officers were unanimously elected for the ensuing year: President, J. C. LeGrande, Birmingham, Ala.; First Vice President, Pugh U. Brown, Troy, Ala.; Second Vice President, Wm. P. Harbin, Rome, Ga.; Third Vice President, J. C. Wilson, Rockwood, Tenn.; Secretary, Frank Trester Smith, Chattanooga, Tenn.; Treasurer, George R. West, Chattanooga, Tenn.

The society elected Birmingham, Ala., as the place of the next annual meeting.—Southern Practitioner, Nashville.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC.

Fifteenth Annual Session Opens November 4, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further infomation address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

Book notices crowded out this month.

Dr. H. T. Heflin is in New York for six weeks.

Dr. D. E. Cason, of Kymulga, Ala., was in the city this week.

Dr. Mitchell, of Oneonta, Ala., has located in North Birmingham.

Dr. E. C. Anderson, of Anniston, was in the city during the month

---

Dr. Geo. S. Brown and Dr. D. F. Talley are in New York for a few weeks.

A first-class Surgical chair for sale at the office of the Alabama Medical Journal.

Dr. W. H. Bell, of Hargrove, Bibb county, Ala., spent a day in Birmingham last week.

We call special attention to the page advertisement of the Alkaloidal Co. in this issue of the Journal.

The many friends of Dr. E. H. Sholl will be pleased to learn that he is convalescing from his recent illness.

Dr. C. A. Crow, of Florence, Ala., is in the city visiting and consulting his friend, Dr. T. L. Robertson.

Dr. I. J. Sellers, of Avondale, Ala., is spending several weeks in New York, Philadelphia and Baltimore.

The Dios Chemical Co., of St. Louis, has a page ad. in this issue of the Journal, to which attention is called.

Dr. Modie Cunningham, of Ensley, Ala., is spending the winter in New York, taking a post-graduate course.

Dr. Sanders, of Henry Ellen, Ala., was in the city during the month While here he called at the Journal office and entered his name as a subscriber.

Drs. W. E. B. Davis, Mack Rogers, D. F. Talley and Geo. S. Brown are in Richmond attending the meeting of the Southern Surgical and Gynecological Society.

Dr. W. H. Sanders, State Health Officer of Alabama, attended the meeting of the Southern Surgical and Gynecological Association at its recent session in Richmond, Va.

Dr. J. M. Mason, of Birmingham, and Miss Grace Lovelace, of Marion, Ala., were married Tuesday, Nov. 12th. Dr. Mason is Health Officer of Jefferson county, and one of the leading young physicians of Birmingham. The Journal extends heartiest congratulations, and wishes for Dr. and Mrs. Mason a long, useful, successful and happy life.

Dr. J. R. Goodloe, of Demopolis, and Miss Marian Inge, of Greensboro, were married on the evening of the 14th inst. Dr. Goodloe is one of the many young physicians in Alabama, who is prominent, aggressive and up-to-date in the profession and the Journal joins his many friends in wishing for him a long, useful and successful life. We had the pleasure to meet Dr. and Mrs. Goodloe at the Hotel Hillman on the 15th inst. They will spend a few weeks in Florida, after which they will be at home in Demopolis.

About a year ago, within the short period of three weeks, four eminent and distinguished physicians departed this life. Two of these well known men (Hunter McGuire and Lewis A. Sayre) were surgeons and two (Jacob M. DaCosta and Alfred L. Stille) physicians, and three of them were ex-Presidents of the American Medical Association. Believing that the rank and file of the profession would appreciate and preserve portraits of these representative practitioners and teachers, the Arlington Chemical Company commissioned a competent artist to paint them in oil in the shape of a panel suitable for framing, and have reproduced the painting for distribution to their friends in the profession. This handsome and thoroughly worthy group of portraits is now being mailed and if any physician is, perchance, omitted from the list, a request will bring a copy.

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the profession.

We commend to the notice of our readers the advertisement on page 12 of this number. "Robinson's Hypophosphites" also "Robinson's Hypophosphites with Wild Cherry Bark" (this is a new combination and will be found very valuable) are elegant and uniformly active preparations; the presence in them of Quinine, Strychnine, Iron, etc., adding highly to their tonic value.

ARMOUR GETS ANOTHER GOLD MEDAL.

A gold medal was awarded Armour & Company on Pepsin, Pancreatin, Thyroids, Suprarenal Capsules and other organo-therapeutic agents by the jury of awards of the Pan-American Exposition at Buffalo.

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Birmingham Medical Library Association.

Mention was made in last month's issue of the Journal of the above association, which has since been organized with the following officers: President, John C. LeGrande, M. D.; Vice President, D. F. Talley, M. D.; Secretary, W. P. McAdory, M. D.; Treasurer, R. V. Mobley, M. D.; Executive Committee, S. L. Ledbetter, M. D., W. E. B. Davis, M. D., Thos. D. Parke, M. D., Wm. M. Jordan, M. D., and J. M. Mason, M. D.

The following names have been enrolled as members: Drs. E. H. Sholl, Mack Rogers, J. C. LeGrande, W. E. B. Davis, R. N. Hawkins, Louis C. Morris, Edward Drennen, T. M. Burnett, A. J. Brown, Chas. Wheelan, J. D. Gibson, A. S. Warwick, F. H. Compton, E. E. May, J. W. Barclay, W. H. Wilder, O. Whitfield, T. D. Parke, E. P. Riggs, H. S. Ward, J. M. Mason, W. W. Ransom, N. J. W. Peters, B. A. Fox, C. R. Sexton, D. E. Talley, F. K. Reynolds, E. M. Robinson, Geo. S. Brown, Edgar A. Jones, Geo. H. Stubbs, R. C. Bankston, T. L. Robertson, Jas. E. Dedman, John D. S. Davis, Wyatt Heflin, W. H. Rosser, A. W. Sims, C. A. Fox, J. F. Worcester, W. M. Jordan, Gaston Torrance, M. N. Due, Cabot Lull, John L. Pittman, I. J. Sellers, W. P. McAdory, R. V. Mobley, Chas. Drennen, B. L. Wyman, F. A. Lupton, Cunningham Wilson, H. E. Pressley, H. T. Heflin.

As was stated in our last month's issue, we believe that this association will be of great good to the medical profession of the city and county. While we favored the movement and still feel an abiding interest in it, yet we had no thought of being asked to take more than the part of an humble member, but since those interested have deemed proper to place the responsibility of an official position upon us, out of consideration for their wishes and because of the importance of this organization, we shall do our best to make it a success. In this connection we may mention that one of our oldest and most prominent physicians informs us that he will donate to this association his complete library. Others may follow.

SANMETTO IN ENURESIS.

I used Sanmetto in a case of a young miss, thirteen years of age, who was becoming a regular "wet the bed." I had tried all the usual remedies, but failed to make a cure, so I tried Sanmetto and the result was a perfect cure, as she has not been troubled since the first treatment with Sanmetto, and I inquired today and was informed that she had attended school, traveled two hundred and fifty miles, losing two night's sleep, but not once has the trouble returned; therefore I call it a cure in every sense of the word, and another triumph for Sanmetto. I can say that in over forty-six years' practice I have never found a medicine that is as near a specific for the purposes intended as Sanmetto.

Wm. H. Anderson, M. D.

Soda Springs, Idaho.

Table of Contents.

Original Communications.

PAGE

Diagnosis and Treatment of Ectopic Gestation. By W. E. B Davis, M. D., Birmingham, Ala. 1
Chronic Hypertrophic Rhinitis. By C. H. Frauklin, M. D., Union Springs, Ala. . 7
Burns of the Skin; Their Pathology and Repair. By G. S. Brown, M. D., Birmingham, Ala. 10
Acute Gastric Catarrh. By A. N. Steele, M. D., Anniston, Ala. 14
Uterine Fibroids. By J. D, Gibson, M. D., Birmingham, Ala. 18

Selected Articles.

Derangements of the Organ of Vision, which May be Attributed to Auto-Infection, or to Auto-Intoxication. By J. H. Woodward, B. S., M. D., New York. . 23
The Treatment of Specific atd Non-Specific Vaginal Catarrhs. By Charles W. McIntyre, M. D., New Albany, Ind. 30

Editorial.

Excision of the External Carotid Artery. 33
Dr. Davis's Resignation of the Secretaryship of the Southern Surgical and Gynecological Association. 34
What Shall be the Future Attitude of the Competent Medical Man Toward the Life Insurance Companies? 35

Miscellaneous Notes. 41–54
Society Reports. 55–60

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co. ..... 1st Cover
Armour Laboratory ..... 1st Cover
Chas Roome Parmele Co. ..... 1st Cover
H. K. Mulford Co. ..... 2d Cover
Henry K. Wampole & Co. 1
Battle & Co. 1
Peacock Chemical Co. 2
Sultan Drug Co. 2
Ben. M. Jacobs & Bros ...2d Index Card
Micajah & Co. 3
Henry Pharmacal Co. 3
Mellier Drug Co. 4
The G. F. Harvey Co. 4
New York Pharmaceutical Co. 5
Sharp & Dohme 6
Robinson-Pettet Co. 6
H. A. Cassebeer 7
Mariani & Co. 7
John B. Daniel 8
Antikamnia Chem Co 9
Drs. Elkin & Cooper 9
Pheno-Bromate Chem. Co. 10
G. W. Flavell & Bro. 10
Canton Surg. & Dental Chair Co. 11
Drs. Davis & Davis' Private Infirmary. 11
Drs. Talley & Chapman 12
Beechhurst Sanitarium 12
Nabers, Morrow & Sinnige 12
The Bovinine Co. 13
Birmingham Medical College 14
M. J. Brietenback Company 15
Parke, Davis & Co. 16
Mellen's Food Co. 17
E. J. Hart & Co. 18

PAGE

The Arlington Chem. Co. 19
The Ala. Med. Journal, (1901) 19
Chas Marchand 20
The Purdue Frederick Co. 20
J. S. Tyree 21
Scott & Bowne 22
Kress & Owen Co. 22
Angier Chemical Co. 23
Lambert Pharmacal Co. 24
Farbenfabriken of Elberfeld Co. 25
New York Polyclinic and Hospital 25
The Argol Company 26
The Gibson Sanitarium 27
College of Phys. & Surg. Baltimore. 27
O. D. Chemical Co. 27
Globe Manufacturing Co. 28
Geo. H. Noble, M. D. 29
Wheeler's Tissue Phosphates 29
L. & N. R. R. 29
Adams Drug Co. 30
Dr. J. B. S. Holmes 30
California Fig Syrup Co. 30
Satyria Pharmacal Co. 31
Highland Park Sanatorium 31
The Oakland Chemical Co. 32
Martin H. Smith Co. 33
Medical College of Alabama 34
University of Maryland 34
Tulane University of Louisiana 35
The Viskolein Company 36
The Atlanta Retreat 36
The Chas. N. Crittenton Co. 37
Fellows' Hypophosphites ..... 3d Cover
Fairchild Bros. & Foster ..... 4th Cover

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Rattan Rockers
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Sewing Rockers
Iron Beds
Brass Beds
Mirrors
Baby Coaches
Art Squares
Etchings
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Table of Contents.

Original Communications.

PAGE

An Unusual Case of Late Syphilis of the Testicle. By D. F. Talley, M. D., Birmingham, Ala. ... 61
Vital Questions in Medicine. By T. A. Casey, M. D., Albertville, Ala. ... 65
Broncho-Pneumonia. By F. P. Hixon, M. D., Perote, Ala. ... 71
Eclampsia. By E. O. Williamson, M. D., Gurley, Ala. ... 75
Scarlatina. By W. M. Cunningham, M. D., Corona, Ala. ... 79

Selected Articles.

Prevention and Management of Infection of the Breast During Lactation. By C. S. Bacon, M. D., Chicago. ... 81
Some Remarks on a new method of Treatment of Ulcers. By C. A. Protin, M. D., New York. ... 87

Editorial.

A Bill. ... 93
Annual Banquet. ... 95
The Tennessee Valley Medical Association. ... 97

Miscellaneous Notes. ... 99–108

Book Notices. ... 110-112

Abstracts. ... 113-120

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co. ... 1st Cover
Armour Laboratory. ... 1st Cover
Chas Roome Parmele Co. ... 1st Cover
Angier Chemical Co. ... 2d Cover
Henry K. Wampole & Co. ... 1
Battle & Co. ... 1
Peacock Chemical Co. ... 2
Sultan Drug Co. ... 2
Ben. M. Jacobs & Bros. ... 2d Index Card
Micajah & Co. ... 3
Henry Pharmacal Co. ... 3
Mellier Drug Co. ... 4
The G. F. Harvey Co. ... 4
Cystogen Chemical Co. ... 5
Anto Chemical Co. ... 5
Sharp & Dohme ... 6
Robinson-Pettet Co. ... 6
H. A. Casseheer ... 7
Mariani & Co. ... 7
John B. Daniel ... 8
Antikamnia Chem Co. ... 9
Drs. Elkin & Cooper ... 9
Martin H. Smith Co. ... 10-11
G. W. Flavell & Bro. ... 10
Drs. Davis & Davis' Private Infirmary. 11
Drs. Talley & Chapman ... 12
Beechhurst Sanitarium ... 12
Nabers, Morrow & Sinnige ... 12
The Bovinine Co. ... 13
Canton Surg. & Dental Chair Co. ... 14
Pheno-Bromate Chem. Co. ... 14
M. J. Brietenback Company ... 15
Parke, Davis & Co. ... 16
Mellen's Food Co. ... 17
E. J. Hart & Co. ... 18
Chas Marchand ... 19

PAGE

The Purdue Frederick Co. ... 19
The Ala. Med. Journal, (1901) ... 20
The Arlington Chem. Co. ... 20
J. S. Tyree ... 22
E. E. Forbes ...
Rio Chemical Co. ...
Scott & Bowne ... 23
Kress & Owen Co. ... 23
New York Pharmaceutical Co. ... 24
Lambert Pharmacal Co. ... 25
Farbenfabriken of Elberfeld Co. ... 26
New York Polyclinic and Hospital ... 26
The Argol Company ... 27
The Gibson Sanitarium ... 28
College of Phys. & Surg. Baltimore ... 28
O. D. Chemical Co. ... 28
Globe Manufacturing Co. ... 29
Geo. H. Noble, M. D. ... 30
Wheeler's Tissue Phosphates ... 30
L. & N. R. R. ... 30
Adams Drug Co. ... 31
Dr. J. B. S. Holmes ... 31
California Fig Syrup Co. ... 31
Satyria Pharmacal Co. ... 33
Highland Park Sanatorium ... 33
The Oakland Chemical Co. ... 33
Ideal Generator Co. ... 34
Dad Chemical Co. ... 34
Medical College of Alabama ... 35
University of Maryland ... 35
Tulane University of Louisiana ... 36
The Viskolein Company ... 37
The Atlanta Retreat ... 37
The Chas. N. Crittenton Co. ... 38
Fellows' Hypophosphites ... 3d Cover
Fairchild Bros. & Foster ... 4th Cover

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India Seats
Rattan Rockers
Cobbler Seat Rockers
Comfort Rockers
Sewing Rockers
Iron Beds
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Mirrors
Baby Coaches
Art Squares
Etchings
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Table of Contents.

ORIGINAL COMMUNICATIONS.

PAGE

Lacerations of the Perineum. By R. P. Huger, M. D., Anniston, Ala.....121
Suppurative Pleurisy, Splenic Myelogenic Leucaemia. By B. L. Wyman, M. D., Birmingham, Ala.....133
Movable Kidney. By U. J. W. Peters, M. D., Birmingham, Ala.....141

SELECTED ARTICLES.

Anaesthesia and Anaesthetics. By W. R. Sifford, M. D., Nashville, Tenn.....149

EDITORIAL.

The Legislature vs. The Children of Alabama.....159
Maternal Impressions.....160
Surgery and the Hypedermic Syringe.....163

MISCELLANEOUS NOTES.....165–170

SOCIETY NOTES.
New York Academy of Medicine.....181

BOOK NOTICES.....176–178

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co.....1st Cover
Armour Laboratory.....1st Cover
Chas Roome Parmele Co.....1st Cover
Angier Chemical Co.....2d Cover
Henry K. Wampole & Co. 1
Battle & Co..... 1
Peacock Chemical Co..... 2
Sultan Drug Co..... 2
Ben. M. Jacobs & Bros ...2d Index Card
Katharmon Chemical Co..... 3
Henry Pharmacal Co..... 3
Mellier Drug Co..... 4
The G. F. Harvey Co..... 4
Cystogen Chemical Co..... 5
Auto Chemical Co..... 5
Sharp & Dohme 6
Robinson-Pettet Co..... 6
Mariani & Co..... 7
John B. Daniel..... 8
Antikamnia Chem Co..... 9
Drs. Elkin & Cooper..... 9
Martin H. Smith Co.....10-11
G. W. Flavell & Bro.....10
Drs. Davis & Davis' Private Infirmary.11
Drs. Talley & Chapman.....12
Beechhurst Sanitarium.....12
Nabers, Morrow & Sinnige.....12
The Bovinine Co.....13
Canton Surg. & Dental Chair Co.....14
Pheno-Bromate Chem. Co.....14
M. J. Brietenback Company.....15
Parke, Davis & Co.....16
Mellen's Food Co.....17
H. K. Mulford Co.....18
E. J. Hart & Co.....21
Chas Marchand.....19

PAGE

The Purdue Frederick Co.....19
Wm. R. Warner & Co.....20
The Arlington Chem. Co.....20
J. S. Tyree.....22
E. E. Forbes.....
Rio Chemical Co.....
Scott & Bowne.....23
Kress & Owen Co.....23
New York Pharmaceutical Co.....24
Lambert Pharmacal Co.....25
Farbenfabriken of Elberfeld Co.....26
New York Polyclinic and Hospital.....26
The Argol Company.....27
The Gibson Sanitarium.....28
College of Phys. & Surg. Baltimore....28
O. D. Chemical Co.....28
Globe Manufacturing Co.....29
Geo. H. Noble, M. D.....30
Wheeler's Tissue Phosphates.....30
L. & N. R. R.....30
Adams Drug Co.....31
Dr. J. B. S. Holmes.....31
California Fig Syrup Co.....31
Satyria Pharmacal Co. 33
Highland Park Sanatorium.....33
The Oakland Chemical Co.....33
Ideal Generator Co.....34
Dad Chemical Co.....34
H. A. Cassebeer.....35
The Ala. Med. Journal, (1901).....35
Tulane University of Louisiana.....36
The Viskolein Company.....37
The Atlanta Retreat.....37
The Chas. N. Crittenton Co.....38
Fellows' Hypophosphites.....3d Cover
Fairchild Bros. & Foster.....4th Cover

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Hall Trees
Tabourets
Curtain Poles
India Seats
Rattan Rockers
Cobbler Seat Rockers
Comfort Rockers
Sewing Rockers
Iron Beds
Brass Beds
Mirrors
Baby Coaches
Art Squares
Etchings
Turkish Rockers
Easels
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Tea Tables
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Table of Contents.

ORIGINAL COMMUNICATIONS.

PAGE

Cæsarean Section as an Operation of Election: With Report of a Case. By Louis C. Morris, M. D,, Birmingham, Ala.....179
Intubation and Antitoxin. By S. L. Ledbetter, M. D., Birmingham, Ala..186
Amputation Above the Knee Under Analgesia from Spinal Subarachnoidean Cocainization. Report of Clinic of Dr. J. D. S. Davis by C. A. Fox, M. D., Birmingham, Ala.....191

SELECTED ARTICLES.

A Plea for Better Obstetrical Work. By Lillian G. Toweslee, M. D.....197
The Role of Petroleum in Therapeutics, and Why it is Prescribed. By G. Burdidge White, M. D.....200
Report of a Case of Typhoid Fever with Complications. By J. T. Abston, M. D.....202
Complicated Anæmia. By T. J. Biggs, M. D.....203

EDITORIAL.

The Discovery of Anaesthesia.....205
Communicated.....207

MISCELLANEOUS NOTES.....209–218

SOCIETY NOTES.
Jefferson County Medical Society.....219

ABSTRACTS.....219–237

BOOK NOTICES.....238–239

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co.....1st Cover
Armour Laboratory.....1st Cover
Chas Roome Parmele Co.....1st Cover
Angier Chemical Co.....2d Cover
Henry K. Wampole & Co. 1
Battle & Co..... 1
Peacock Chemical Co..... 2
Sultan Drug Co..... 2
Ben. M. Jacobs & Bros ...2d Index Card
Katharmon Chemical Co..... 3
Henry Pharmacal Co..... 3
Mellier Drug Co..... 4
The G. F. Harvey Co..... 4
Cystogen Chemical Co..... 5
Auto Chemical Co..... 5
Sharp & Dohme 6
Robinson-Pettet Co..... 6
Mariani & Co..... 7
H. A. Cassebeer..... 7
John B. Daniel..... 8
Antikamnia Chem Co..... 9
Drs. Elkin & Cooper..... 9
Martin H. Smith Co.....10-11
G. W. Flavell & Bro.....10
Drs. Davis & Davis' Private Infirmary.11
Drs. Talley & Chapman.....12
Beechhurst Sanitarium.....12
Nabers, Morrow & Sinnige.....12
The Bovinine Co.....13
Pheno-Bromate Chem. Co.....14
The Ala. Med. Journal, (1901).....14
M. J. Brietenback Company.....15
Parke, Davis & Co.....16
Mellen's Food Co.....17

PAGE

H. K. Mulford Co.....18
Chas Marchand.....19
The Purdue Frederick Co.....19
Wm. R. Warner & Co.....20
The Arlington Chem. Co.....20
E. J. Hart & Co.....22
J. S. Tyree.....22
E. E. Forbes.....
Rio Chemical Co.....
Scott & Bowne.....23
Kress & Owen Co.....23
New York Pharmaceutical Co.....24
Lambert Pharmacal Co.....25
Farbenfabriken of Elberfeld Co.....27
New York Polyclinic and Hospital.....27
The Argol Company.....28
The Gibson Sanitarium.....29
College of Phys. & Surg. Baltimore....29
O. D. Chemical Co.....29
Globe Manufacturing Co.....30
Geo. H. Noble, M. D.....31
Wheeler's Tissue Phosphates.....31
L. & N. R. R.....31
Adams Drug Co.....32
Dr. J. B. S. Holmes.....32
California Fig Syrup Co.....32
The Oakland Chemical Co.....33
Ideal Generator Co.....34
Dad Chemical Co.....34
The Atlanta Retreat.....35
Drs. Morris & Morris.....35
The Chas. N. Crittenton Co.....36
Fellows' Hypophosphites.....3d Cover
Fairchild Bros. & Foster.....4th Cover

Medical Association of the State of Alabama 1900-1901

President—R. M. CUNNINGHAM, M.D., Pratt City, Ala.

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Music Racks
Carpet Sweepers
Parlor Suits
Corner Chairs
Hall Trees
Tabourets
Curtain Poles
India Seats
Rattan Rockers
Cobbler Seat Rockers
Comfort Rockers
Sewing Rockers
Iron Beds
Brass Beds
Mirrors
Baby Coaches
Art Squares
Etchings
Turkish Rockers
Easels
Pictures
Tea Tables
Medicine Chests
Sleepy Hollow Chairs
Leather Couches
Folding Beds
Chiffoniers
Fancy Tables
Dressing Tables

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2011 First Ave., bet. 20th and 21st, • BIRMINGHAM, ALA.

Table of Contents.

Original Communications.

PAGE

The Use of Forceps in Childbirth. By Hugh Boyd, M. D., Scottsboro, Ala. 241
Use and Value of Proprietary Medicines. By S. M. C. Howell, M. D., Midland City, Ala. 246
Some Unusual Reflexes Resulting from Lacerations of the Cervix. By W. G. Harrison, M. D. 249
The Duration of Life. By R. C. Bankston, M. D., Birmingham, Ala. 252
Acute Uræmia Successfully Treated with Intravenous Saline Solution. By J. M. Mason, M. D., Birmingham, Ala. 262
Vaccination in Alabama—What Does it Prove? By W. H. Sanders, M. D., State Health Officer. 264
Hypertrophic Elongation of the Cervix Uteri, with Complete Eversion of the Vagina from Fibroid Tumor of the Cervix. Restoration by Supravaginal Amputation of the Cervix and Inversion of the Vagina. By George Henry Noble, M. D., Atlanta, Ga. 271

Selected Articles.

The Evil of the Doctor's Drug Store. 273
Circumcision as a Preventive of Syphilis and Other Disorders. 275
Some Suggestions on the Manner of using Protargol. 276

Editorial.

Medical Association of the State of Alabama. 278
Communicated. 282
Osteopathy. 285
A Doctor's Widow on the Warpath. 286

Miscellaneous Notes. 289–298

Book Notices. 299–300

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co. 1st Cover
Armour Laboratory. 1st Cover
Chas Roome Parmele Co. 1st Cover
Angier Chemical Co. 2d Cover
Henry K. Wampole & Co. 1
Battle & Co. 1
Peacock Chemical Co. 2
Sultan Drug Co. 2
Ben. M. Jacobs & Bros. 2d Index Card
Katharmon Chemical Co. 3
Henry Pharmacal Co. 3
Mellier Drug Co. 4
The G. F. Harvey Co. 4
Cystogen Chemical Co. 5
Auto Chemical Co. 5
Sharp & Dohme 6
Robinson-Pettet Co. 6
Mariani & Co. 7
H. A. Cassebeer. 7
John B. Daniel. 8
Antikamnia Chem Co 9
Drs. Elkin & Cooper. 9
Martin H. Smith Co. 10-11
G. W. Flavell & Bro. 10
Drs. Davis & Davis' Private Infirmary. 11
Drs. Talley & Chapman. 12
Beechhurst Sanitarium. 12
Nabers, Morrow & Sinnige. 12
The Bovinine Co. 13
Pheno-Bromate Chem. Co. 14
Micajah & Co. 14
M. J. Brietenback Company. 15
Parke, Davis & Co. 16
Mellen's Food Co. 17
H. K. Mulford Co. 18

PAGE

Chas Marchand. 19
The Purdue Frederick Co. 19
Wm R. Warner & Co. 20
The Arlington Chem. Co. 20
E. J. Hart & Co. 22
J. S. Tyree. 22
E. E. Forbes.
Rio Chemical Co.
Scott & Bowne. 23
Kress & Owen Co. 23
New York Pharmaceutical Co. 24
Lambert Pharmacal Co. 25
Welch Grape Juice Co. 26
Farbenfabriken of Elberfeld Co. 27
New York Polyclinic and Hospital. 27
The Argol Company. 28
The Gibson Sanitarium. 29
College of Phys. & Surg. Baltimore. 29
O. D. Chemical Co. 29
Globe Manufacturing Co. 30
Geo. H. Noble, M. D. 31
Wheeler's Tissue Phosphates. 31
L. & N. R. R. 31
Adams Drug Co. 32
Dr. J. B. S. Holmes. 32
California Fig Syrup Co. 32
The Oakland Chemical Co. 33
Ideal Generator Co. 34
Dad Chemical Co. 34
The Atlanta Retreat. 35
Drs. Morris & Morris. 35
The Chas. N. Crittenton Co. 36
Fellows' Hypophosphites. 3d Cover
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Music Racks
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Hall Trees
Tabourets
Curtain Poles
India Seats
Rattan Rockers
Cobbler Seat Rockers
Comfort Rockers
Sewing Rockers
Iron Beds
Brass Beds
Mirrors
Baby Coaches
Art Squares
Etchings
Turkish Rockers
Easels
Pictures
Tea Tables
Medicine Chests
Sleepy Hollow Chairs
Leather Couches
Folding Beds
Chiffoniers
Fancy Tables
Dressing Tables

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Table of Contents.

Original Communications.

PAGE

Chronic Interstitial Nephritis—Its Diagnosis and Treatment. By E. D. Bondurant, M. D., Mobile, Ala.....301
The Pernicious Vomiting of Pregnancy. By M. B. Cameron, M. D., Sumpterville, Ala.....306
Fevers. By M. C. Schooler, M. D., Centerville, Ala.....312
Veratrum Veride. By A. E. Meadow, Blocton, Ala.....316
Acute Lobar Pneumonia. By J. U. Ray, M. D., Woodstock, Ala.....319
Selma, Ala. By a member of the Alabama State Medical Association.....322

Selected Articles.

The Galveston Relief Expedition. By M. Loewenthal, Brooklyn, N. Y.....325

Editorial.

The Duty of the Public to the Medical Profession.....231
Edwin L. Marechal, M. D. LL. D., President-Elect of the Medical Association of the State of Alabama.....335
In Memoriam.....337

Miscellaneous Notes.....339-342

Society Reports.

Meeting of the Medical Association of the State of Alabama, April 16-19, 1901. Reported by Dr Edgar A. Jones.....343
Jefferson County Medical Society.....347

Abstracts.....349-353
Book Notices.....354-358

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co.....1st Cover
Armour Laboratory.....1st Cover
Chas Roome Parmele Co.....1st Cover
Angier Chemical Co.....2d Cover
Henry K. Wampole & Co. 1
Battle & Co..... 1
Peacock Chemical Co..... 2
Sultan Drug Co..... 2
Ben. M. Jacobs & Bros ...2d Index Card
Katharmon Chemical Co..... 3
Henry Pharmacal Co..... 3
Mellier Drug Co..... 4
The G. F. Harvey Co..... 4
Cystogen Chemical Co..... 5
Auto Chemical Co 5
Sharp & Dohme 6
Robinson-Pettet Co..... 6
Mariani & Co..... 7
H. A. Cassebeer..... 7
John B. Daniel..... 8
Antikamnia Chem Co.....9 and 26
Martin H. Smith Co.....10-11
G. W. Flavell & Bro.....10
California Fig Syrup Co.....11
The Bovinine Co.....13
Pheno-Bromate Chem. Co.....14
Micajah & Co.....14
M. J. Brietenback Company.....15
Parke, Davis & Co.....16
Mellen's Food Co.....17
H. K. Mulford Co.....18
Chas Marchand.....19
The Purdue Frederick Co.....19
The Arlington Chem. Co.....20
Wm R. Warner & Co.....20
E. J. Hart & Co.....22
J. S. Tyree.....22

PAGE

E. E, Forbes.....
Rio Chemical Co.....
Scott & Bowne.....23
Kress & Owen Co.....23
New York Pharmaceutical Co.....24
Lambert Pharmacal Co.....25
Welch Grape Juice Co.....27
Farbenfabriken of Elberfeld Co.....28
New York Polyclinic and Hospital.....28
The Argol Company.....29
College of Phys. & Surg. Baltimore....29
O. D. Chemical Co.....29
Hillside Dairy.....30
Drs. Elkin & Cooper.....31
Drs. Davis & Davis' Private Infirmary.31
The Gibson Sanitarium.....32
Geo. H. Noble, M. D.....32
Adams Drug Co.....33
Dr. J. B. S Holmes.....33
Geo. H. Stubbs, M. D..... 33
S L. Dedbetter, M. D.....33
Edgar Allen Jones, M. D.....33
The Oakland Chemical Co..... 33
Drs. Talley & McAdory.....34
Beechhurst Sanitarium.....34
Nabers, Morrow & Sinnige.....34
Ideal Generator Co.....34
The Atlanta Retreat.....35
Drs. Morris & Morris.....35
Dad Chemical Co.....36
Wheeler's Tissue Phosphates.....36
L. & N. R. R.....36
Globe Manufacturing Co..... 37
The Chas. N. Crittenton Co..... 38
Fellows' Hypophosphites.....3d Cover
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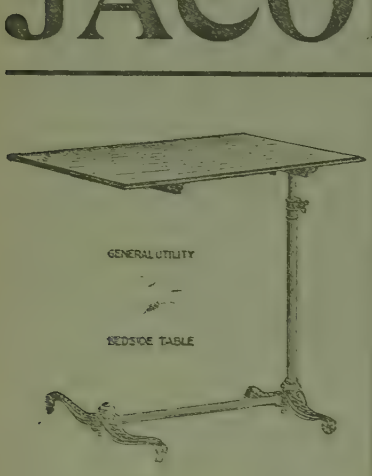

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Table of Contents.

Original Communications.

PAGE

Otorrhea—"A Rising in the Head." By W. L. Bullard, M. D., Columbus, Ga.....359
Actinomycosis in Man—Report of a Case with Special Reference to Treatment. By W. D. Gaines, M. D., Lafayette, Ala.....362
Cases from Practice. By Shelby C. Carson, M. D., A. M., Greensboro, Ala..365
Influenza. By W. W. Harper, M. D., Selma, Ala.....369
The Physician and His Status—Present and Future. By R. C. Bankston, M. D., Birmingham, Ala.....372
The Widal Reacti n. By Edgar Allen Jones, A. B., M. D., Birmingham, Ala.....380

Selected Articles.

The Use and Abuse of Anesthetics. By Alfred Roulet, M. D., St. Louis.....386
New York Academy of Medicine—Section of Orthopædic Surgery.....393
Laxation in Constipation. By J. A. Rene, M. D., West Superior, Wis.....405
Clinical Experience with Adrenalin. By Emil Mayer, M. D., New York...406

Editorial.

The New School of Medicine.....409
Miscellaneous Notes.....411-414

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co.....1st Cover
Armour Laboratory.....1st Cover
Chas Roome Parmele Co.....1st Cover
Angier Chemical Co.....2d Cover
Henry K. Wampole & Co. 1
Battle & Co..... 1
Peacock Chemical Co..... 2
Sultan Drug Co..... 2
Ben. M. Jacobs & Bros ...2d Index Card
Katharmon Chemical Co..... 3
Henry Pharmacal Co..... 3
Mellier Drug Co..... 4
The G. F. Harvey Co..... 4
Cystogen Chemical Co..... 5
Auto Chemical Co..... 5
Sharp & Dohme 6
Dad Chemical Co..... 6
Mariani & Co..... 7
H. A. Cassebeer..... 7
O. D. Chemical Co..... 7
John B. Daniel..... 8
University of Nashville..... 9
Antikamnia Chem Co.....9
Martin H. Smith Co.....10-11
G. W. Flavell & Bro.....10
California Fig Syrup Co.....11
Robinson-Pettet Co.....12
The Bovinine Co.....13
Pheno-Bromate Chem. Co.....14
Micajah & Co.....14
M. J. Brietenback Company.....15
Parke, Davis & Co.....16
Mellen's Food Co.....17
H. K. Mulford Co.....18
Chas Marchand.....19
The Purdue Frederick Co.....19
The Arlington Chem. Co.....20

PAGE

E. E. Forbes.....
Rio Chemical Co.....
Wm R. Warner & Co.....20
E. J. Hart & Co.....21
J. S. Tyree.....22
The Hall Capsule Co.....23
Wayne Elixir Co.....23
Scott & Bowne.....24
Kress & Owen Co.....24
Lambert Pharmacal Co.....25
New York Pharmaceutical Co.....26
Medical College of Alabama.....27
Farbenfabriken of Elberfeld Co.....28
New York Polyclinic and Hospital.....28
The Argol Company.....29
Hillside Dairy.....30
Drs. Elkin & Cooper.....31
Drs. Davis & Davis' Private Infirmary.31
The Gibson Sanitarium.....32
Geo. H. Noble, M. D.....32
Adams Drug Co.....33
Dr. J. B. S. Holmes.....33
Geo. H. Stubbs, M. D.....33
S. L. Dedbetter, M. D.....33
Edgar Allen Jones, M. D.....33
Drs. Talley & McAdory.....34
Beechhurst Sanitarium.....34
Nabers, Morrow & Sinnige.....34
The Atlanta Retreat.....35
Drs. Morris & Morris.....35
Ideal Generator Co.....36
Wheeler's Tissue Phosphates.....36
L. & N. R. R.....36
University of Tennessee.....37
The Chas. N. Crittenton Co.....38
Fellows' Hypophosphites.....3d Cover
Fairchild Bros. & Foster.....4th Cover

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Table of Contents.

ORIGINAL COMMUNICATIONS.

PAGE

Foreign Bodies in the External Auditory Canal. By L. G. Woodson, M. D.....419
Malaria. By E. O. Williamson, M. D., Gurley, Ala.....423

SELECTED ARTICLES.

Uricacidaemia. By Edmond John Melville, M. D., C. M., Bakersville, Vt..429
Hyperemesis Gravidarum.....431

EDITORIAL.

Do? Do Nothing.....435
Blood Examination as an Aid to Surgical Diagnosis.....437
Acute Aural Inflamations in Scarlatina, Measles and Diphtheria.....439

MISCELLANEOUS NOTES.....441-466

SOCIETY REPORTS.

Jefferson County Medical Society.....467

BOOK NOTICES.....469-471

Index to Advertisers.

	PAGE
Chas H Phillips Chem. Co	1st Cover
Armour Laboratory	1st Cover
Chas Roome Parmele Co	1st Cover
Angier Chemical Co	2d Cover
Henry K. Wampole & Co.	1
Battle & Co	1
Peacock Chemical Co	2
Sultan Drug Co	2
H. A. Cassebeer	2d Index Card
O. D. Chemical Co	2d Index Card
Katharmon Chemical Co	3
Henry Pharmacal Co	3
Mellier Drug Co	4
The G. F. Harvey Co	4
Cystogen Chemical Co	5
Auto Chemical Co	5
Sharp & Dohme	6
Dad Chemical Co	6
The Hypotone Co	7
Mariani & Co	7
John B. Daniel	8
University of Nashville	9
Antikamnia Chem Co	9
Martin H. Smith Co	10-11
G. W. Flavell & Bro	10
California Fig Syrup Co	11
Robinson-Pettet Co	12
The Bovinine Co	13
Pheno-Bromate Chem. Co	14
Micajah & Co	14
M. J. Brietenback Company	15
Parke, Davis & Co	16
Mellen's Food Co	17
H. K. Mulford Co	18
Chas Marchand	19
The Purdue Frederick Co	19
The Arlington Chem. Co	20
Wm R. Warner & Co	20
E. J. Hart & Co	21
J. S. Tyree	22
The Hall Capsule Co	23
Wayne Elixir Co	23
Scott & Bowne	24
Kress & Owen Co	24
The Battle Creek Sanitarium	25
E. E. Forbes	25
Lambert Pharmacal Co	26
New York Pharmaceutical Co	27
Medical College of Alabama	28
Farbenfabriken of Elberfeld Co	29
New York Polyclinic and Hospital	29
Vass Chemical Company	30
Hillside Dairy	31
Drs. Elkin & Cooper	32
Drs. Davis & Davis' Private Infirmary	32
The Gibson Sanitarium	33
Geo. H. Noble, M. D	33
Adams Drug Co	34
Dr. J. B. S. Holmes	34
Geo. H. Stubbs, M. D	34
S. L. Ledbetter, M. D	34
Edgar Allen Jones, M. D	34
Drs. Talley & McAdory	35
Beechhurst Sanitarium	35
Nabers, Morrow & Sinnige	35
The Atlanta Retreat	36
Drs. Morris & Morris	36
Ideal Generator Co	37
Wheeler's Tissue Phosphates	37
L. & N. R. R	37
University of Maryland	38
Birmingham Medical College	39
Chattanooga Medical College	40
New Orleans Polyclinic	40
College of Physicians and Surgeons of Baltimore	40
Rio Chemical Co	40
Tulane University of Louisiana	41
University of Tennessee	42
The Chas. N. Crittenton Co	43
Fellows' Hypophosphites	3d Cover
Fairchild Bros. & Foster	4th Cover

Medical Association of the State of Alabama 1901-1902

President—E. L. Marechal, M.D., Mobile, Ala.

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Table of Contents.

ORIGINAL COMMUNICATIONS.

PAGE

Man's Predominant Passion—Sexual Instinct and its Control. By R. C. Bankston, M. D., Birmingham, Ala. 473
Spleno-Medullary Leukemia, with a Case. By Edgar Allen Jones, A. B., M. D., Birmingham, Ala. 485
Cholera-Infantum. By J. C. Johnson, M. D., Glen Allen, Ala. 488

SELECTED ARTICLES.

Subphrenic Abscess in its Relation to Some Complications. By J. McF. Gaston, Jr., A. M., M. D., Atlanta, Ga. 493

EDITORIAL.

Birmingham Depot 503
Sectarianism 504
The Glove as an Infecting Medium 505
Association Meeting 505

MISCELLANEOUS NOTES 507–516

SOCIETY REPORTS.

Jefferson County Medical Society 517

ABSTRACTS.

Protan, a New Intestinal Astringent. Introduced by H. K. Mulford Co. 520

BOOK NOTICES 523–524

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co.....1st Cover
Armour Laboratory.....1st Cover
Chas Roome Parmele Co.....1st Cover
Angier Chemical Co.....2d Cover
Henry K. Wampole & Co. 1
Battle & Co. 1
Peacock Chemical Co. 2
Sultan Drug Co. 2
H. A. Cassebeer.....2d Index Card
O. D. Chemical Co.....2d Index Card
Katharmon Chemical Co. 3
Henry Pharmacal Co. 3
Mellier Drug Co. 4
The G. F. Harvey Co. 4
Cystogen Chemical Co. 5
Auto Chemical Co 5
Sharp & Dohme 6
Dad Chemical Co. 6
The Hypotone Co. 7
Mariani & Co. 7
John B. Daniel 8
University of Nashville 9
Antikamnia Chem Co. 9
Martin H. Smith Co. 10-11
G. W. Flavell & Bro. 10
California Fig Syrup Co. 11
Robinson-Pettet Co. 12
The Bovinine Co. 13
Pheno-Bromate Chem. Co. 14
Micajah & Co. 14
M. J. Brietenback Company. 15
Parke, Davis & Co. 16
Mellen's Food Co. 17
H. K. Mulford Co. 18
Chas Marchand 19
The Purdue Frederick Co. 19
The Arlington Chem. Co. 20
Wm R. Warner & Co. 20
E. J. Hart & Co. 21
J. S. Tyree 22
The Hall Capsule Co. 23
Wayne Elixir Co. 23

PAGE

Scott & Bowne 24
Farbenfabriken of Elberfeld Co. 24
Vanderbilt University, Med. Dept. ..25
The Battle Creek Sanitarium 26
E. E. Forbes 26
Lambert Pharmacal Co. 27
New York Pharmaceutical Co. 28
Medical College of Alabama 29
New York Polyclinic and Hospital 30
Kress & Owen Co 30
Vass Chemical Company 31
Hillside Dairy 32
Drs. Elkin & Cooper 33
Drs. Davis & Davis' Private Infirmary. 33
The Gibson Sanitarium 34
Geo. H. Noble, M. D. 34
Adams Drug Co. 35
Dr. J. B. S. Holmes 35
Geo. H. Stubbs, M. D. 35
S. L. Ledbetter, M. D. 35
Edgar Allen Jones, M. D. 35
Drs. Talley & McAdory 36
Beechhurst Sanitarium 36
Nabers, Morrow & Sinnige 36
Drs. Morris & Morris 37
Seven Springs Iron Alum Mass Co. .37
Ideal Generator Co. 38
Wheeler's Tissue Phosphates 38
L. & N. R. R. 38
University of Maryland 39
Birmingham Medical College 40
Chattanooga Medical College 41
The Atlanta Retreat 41
College of Physicians and Surgeons of Baltimore 41
Rio Chemical Co. 41
Tulane University of Louisiana 42
University of Tennessee 43
The Chas. N. Crittenton Co. 44
Fellows' Hypophosphites.....3d Cover
Fairchild Bros. & Foster.....4th Cover

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Table of Contents.

Original Communications.

PAGE

Some Sociological Problems in Relation to Marriage, Crime, Insanity, Etc. By R. R. Kime, M. D., Atlanta, Ga. 525
The Treatment of Scarlatina. By W. H. Wilder, M. D., Birmingham, Ala. 533
Maternal Impressions. By R. C. Bankston, M. D., Birmingham, Ala. ... 539
A Plea for the Broader Treatment of Epilepsy. By William P. Spratling, M. D. 541

Selected Articles.

The Practical Management of Smallpox. By M. K. Allen, M. D. 547
On the Frequency of Asthenopia—Especially in America. By Lucien Howe, M. D., Buffalo, N. Y. 552

Editorial.

Wounds of the Heart 557
Substitution 558
Health Maniacs Again 559
Tri-State Medical Society of Alabama, Georgia and Tennessee 561
Mr. Dooley on the Practice of Medicine 563

Miscellaneous Notes 567-570

Society Reports.
Jefferson County Medical Society 571

Book Notices 575-576

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co. ..... 1st Cover
Armour Laboratory ..... 1st Cover
Chas Roome Parmele Co. ..... 1st Cover
Angier Chemical Co. ..... 2d Cover
Henry K. Wampole & Co. 1
Battle & Co. 1
Peacock Chemical Co. 2
Sultan Drug Co. 2
H. A. Cassebeer ..... 2d Index Card
O. D. Chemical Co. ..... 2d Index Card
Katharmon Chemical Co. 3
Henry Pharmacal Co. 3
Mellier Drug Co. 4
The G. F. Harvey Co. 4
Cystogen Chemical Co. 5
Auto Chemical Co. 5
Sharp & Dohme 6
Dad Chemical Co. 6
The Hypotone Co. 7
Mariani & Co. 7
John B. Daniel 8
University of Nashville 9
Antikamnia Chem Co. 9
Martin H. Smith Co. 10-11
G. W. Flavell & Bro. 10
California Fig Syrup Co. 11
Robinson-Pettet Co. 12
The Bovinine Co. 13
Pheno-Bromate Chem. Co. 14
Micajah & Co. 14
M. J. Brietenback Company 15
Parke, Davis & Co. 16
Mellen's Food Co. 17
H. K. Mulford Co. 18
Chas Marchand 19
The Purdue Frederick Co. 19
The Arlington Chem. Co. 20
Wm R. Warner & Co. 20
E. J. Hart & Co. 21
J. S. Tyree 22
The Hall Capsule Co. 23
Wayne Elixir Co. 23

PAGE

Scott & Bowne 24
Farbenfabriken of Elberfeld Co. 24
The Battle Creek Sanitarium 26
E. E. Forbes 26
Lambert Pharmacal Co. 27
New York Pharmaceutical Co. 28
Medical College of Alabama 29
New York Polyclinic and Hospital 30
Kress & Owen Co. 30
Vanderbilt University, Med. Dept. 31
Frank S. Betts 32
Vass Chemical Company 33
Hillside Dairy 34
Drs. Elkin & Cooper 35
Drs. Davis & Davis' Private Infirmary. 35
The Gibson Sanitarium 36
Geo. H. Noble, M. D. 36
Adams Drug Co. 37
Dr. J. B. S. Holmes 37
Geo. H. Stubbs, M. D. 37
S. L. Ledbetter, M. D. 37
Edgar Allen Jones, M. D. 37
Drs. Talley & McAdory 38
Beechhurst Sanitarium 38
Nabers, Morrow & Sinnige 38
Drs. Morris & Morris 39
Seven Springs Iron Alum Mass Co. 39
Ideal Generator Co. 40
Wheeler's Tissue Phosphates 40
L. & N. R. R. 40
University of Maryland 41
Birmingham Medical College 42
Chattanooga Medical College 43
The Atlanta Retreat 43
College of Physicians and Surgeons of Baltimore 43
Rio Chemical Co. 43
Tulane University of Louisiana 44
University of Tennessee 45
The Chas. N. Crittenton Co. 46
Fellows' Hypophosphites ..... 3d Cover
Fairchild Bros. & Foster ..... 4th Cover

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Table of Contents.

ORIGINAL COMMUNICATIONS.

PAGE

The President's Annual Address. By W. E. B. Davis, M. D., Birmingham, Ala. 577
Intravenous Saline Infusion. By J. M. Mason, M. D., Birmingham, Ala. 582
Maternal Impressions. By Thos. D. Parke, M. D., Birmingham, Ala. 590

SELECTED ARTICLES.

The Press Association in the West. By Mrs. Dr. M. N. Due, Birmingham, Ala. 595
Dislocation of Astragalus By B. G. Copeland, M. D., Birmingham, Ala. 603
Conecuh Medical Society 604

EDITORIAL.

A Medical Library 605
The Medical Association of the State 606
The President's Death 607
Some Points in the President's Case 607
Women and the Practice of Medicine 609

MISCELLANEOUS NOTES 611-618

ABSTRACTS 619-628

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co. ..... 1st Cover
Armour Laboratory ..... 1st Cover
Chas Roome Parmele Co. ..... 1st Cover
Angier Chemical Co. ..... 2d Cover
Henry K. Wampole & Co. 1
Battle & Co. 1
Peacock Chemical Co. 2
Sultan Drug Co. 2
H. A. Cassebeer ..... 2d Index Card
O. D. Chemical Co. ..... 2d Index Card
Katharmon Chemical Co. 3
Henry Pharmacal Co. 3
Mellier Drug Co. 4
The G. F. Harvey Co. 4
Cystogen Chemical Co. 5
Auto Chemical Co. 5
Sharp & Dohme 6
Dad Chemical Co. 6
Chas. Roome Parmele Co. 7
Mariani & Co. 7
John B. Daniel 8
University of Nashville 9
Antikamnia Chem Co. 9
Martin H. Smith Co. 10-11
G. W. Flavell & Bro. 10
California Fig Syrup Co. 11
Robinson-Pettet Co. 12
The Bovinine Co. 13
Pheno-Bromate Chem. Co. 14
Micajah & Co. 14
M. J. Brietenbach Company 15
Parke, Davis & Co. 16
Mellen's Food Co. 17
H. K. Mulford Co. 18
Chas Marchand 19
The Purdue Frederich Co. 19
The Arlington Chem. Co. 20
Wm R. Warner & Co. 20
E. J. Hart & Co. 21
J. S. Tyree 22
The Hall Capsule Co. 23

PAGE

Wayne Elixir Co. 23
Scott & Bowne 24
Farbenfabriken of Elberfeld Co. 24
Lambert Pharmacal Co. 25
New York Pharmaceutical Co. 26
Medical College of Alabama 27
New York Polyclinic and Hospital 28
Kress & Owen Co. 28
Vanderbilt University, Med. Dept. 29
Frank S. Betts 30
Vass Chemical Company 31
Hillside Dairy 32
Drs. Elkin & Cooper 33
Drs. Davis & Davis' Private Infirmary 33
The Gibson Sanitarium 34
Geo. H. Noble, M. D. 34
Adams Drug Co. 35
Dr. J. B. S. Holmes 35
Geo. H. Stubbs, M. D. 35
S. L. Ledbetter, M. D. 35
Edgar Allen Jones, M. D. 35
Drs. Talley & McAdory 36
Beechhurst Sanitarium 36
Nabers, Morrow & Sinnige 36
Drs. Morris & Morris 37
Seven Springs Iron Alum Mass Co. 37
E. E. Forbes 38
Wheeler's Tissue Phosphates 38
L. & N. R. R. 38
University of Maryland 39
Birmingham Medical College 40
Chattanooga Medical College 41
The Atlanta Retreat 41
College of Physicians and Surgeons of Baltimore 41
Rio Chemical Co. 41
Tulane University of Louisiana 42
University of Tennessee 43
The Chas. N. Crittenton Co. 44
Fellows' Hypophosphites ..... 3d Cover
Fairchild Bros. & Foster ..... 4th Cover

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Table of Contents.

Original Communications.

PAGE

A Plea for Gonorrhoeics. By James Edwin Dedman, Birmingham, Ala.. 629
Address of Welcome. By Ira Landrith, D. D., Nashville, Tenn..... 641
Legislation and Its Limitation in the Prevention of Crime and Disease. By Hon. John Beel Keeble, Nashville, Tenn..... 646
Hereditary and Acquired Characteristics as Social Questions. By R. R. Kime, M. D., Atlanta, Ga..... 651
Report of Sociological Committee as Adopted Oct. 9, 1901, at Meeting in Nashville, Tenn..... 659
Ozone in Tuberculosis. By J. D. Gibson, M. D., Birmingham, Ala..... 662
Maternal Impressions. By R. C. Bankston, M. D., Birmingham, Ala..... 667
Clinical Observations on Hedonal. By S. Heichelheim, M. D..... 671

Selected Articles.

Severe Neurasthenia Dependent on Anemia. By Isaac Mayhugh, M. D., Indianapolis, Ind..... 673

Editorial.

Repression of Marriage of Criminals..... 675
Tri-State Medical Society of Alabama, Georgia and Tennessee..... 676

Miscellaneous Notes..... 677-680

Index to Advertisers.

PAGE

Chas H Phillips Chem. Co.....1st Cover
Armour Laboratory.....1st Cover
Chas Roome Parmele Co.....1st Cover
Angier Chemical Co.....2d Cover
Henry K. Wampole & Co. 1
Battle & Co..... 1
Peacock Chemical Co..... 2
Sultan Drug Co..... 2
H. A. Cassebeer.....2d Index Card
O. D. Chemical Co.....2d Index Card
Katharmon Chemical Co..... 3
Henry Pharmacal Co..... 3
Mellier Drug Co..... 4
The G. F. Harvey Co..... 4
Cystogen Chemical Co..... 5
Auto Chemical Co..... 5
Sharp & Dohme 6
Dad Chemical Co..... 6
Chas. Roome Parmele Co..... 7
Mariani & Co..... 7
John B. Daniel..... 8
University of Nashville..... 9
Antikamnia Chem Co..... 9
Martin H. Smith Co.....10-11
G. W. Flayell & Bro.....10
California Fig Syrup Co.....11
Robinson-Pettet Co.....12
The Bovinine Co.....13
Pheno-Bromate Chem. Co.....14
Micajah & Co.....14
M. J. Brietenbach Company.....15
Parke, Davis & Co.....16
Mellen's Food Co.....17
H. K. Mulford Co.....18
Chas Marchand.....19
The Purdue Frederich Co.....19
The Arlington Chem. Co.....20
Wm R. Warner & Co.....20
E. J. Hart & Co.....21
J. S. Tyree.....22
The Hall Capsule Co.....23

PAGE

Wayne Elixir Co.....23
Scott & Bowne.....24
Farbenfabriken of Elberfeld Co.....24
Lambert Pharmacal Co.....25
New York Pharmaceutical Co.....26
Dios Chemical Co..... 27
New York Polyclinic and Hospital.....28
Kress & Owen Co.....28
Vanderbilt University, Med. Dept...29
Frank S. Betz & Co.....30
The Argol Chemical Company.....31
Hillside Dairy.....32
Drs. Elkin & Cooper.....33
Drs. Davis & Davis' Private Infirmary.33
The Gibson Sanitarium..... 34
Geo. H. Noble, M. D.....34
Adams Drug Co.....35
Dr. J. B. S. Holmes.....35
Geo. H. Stubbs, M. D.....35
S. L. Ledbetter, M. D.....35
Edgar Allen Jones, M. D.....35
Drs. Talley & McAdory.....36
Beechhurst Sanitarium.....36
Nabers, Morrow & Sinnige.....36
Drs. Morris & Morris.....37
Seven Springs Iron Alum Mass Co..37
E. E. Forbes..... 38
Wheeler's Tissue Phosphates.....38
L. & N. R. R.....38
The Alkaloidal Clinic.....39
Birmingham Medical College.....40
Chattanooga Medical College..... 41
The Atlanta Retreat.....41
College of Physicians and Surgeons of Baltimore.....41
Rio Chemical Co.....41
Tulane University of Louisiana.....42
University of Tennessee..... .43
The Chas. N. Crittenton Co..... 44
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